



2014 **NEEDS AND ASSETS REPORT**

GILA REGIONAL PARTNERSHIP COUNCIL



FIRST THINGS FIRST

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Gila Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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Funded by
First Things First Gila Regional Partnership Council

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Letter from the Chair

The past two years have been rewarding for the First Things First Gila Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First Gila Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports specifically created for the Gila region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Regional Council would like to thank our Needs and Assets vendor, University of Arizona – Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Gila region. The new report will help guide our decisions for young children and their families within the Gila region.

Going forward, the First Things First Gila Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens in the region and throughout the entire state.

Thank you for your continued support.

Sincerely,

Sue Yale, Chair
Gila Regional Partnership Council



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Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Gila Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Gila Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Gila Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Gila Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report.

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Executive Summary

The Gila Regional Partnership Council supports the needs of young children in the Gila First Things First Region. The Gila Region has many of the same boundaries as Gila County and includes the Tonto Apache Tribe, while the White Mountain Apache and San Carlos Apache tribal lands fall outside of the region. The majority of the population in the Gila Region lives in Globe/Miami and Payson.

According to U.S. Census data, the Gila Region had a population of 48,303 in 2010, of whom 2,786 (6%) were children under the age of six. Both the Gila Region and Gila County have a smaller proportion of households with children birth through five years of age (9% and 11% respectively) than the state as a whole (16%). The southern portion of the Gila Region (Globe, Miami, Hayden/Winkelman) has more households with children under six than the northern portion of the region (Payson, etc.), where there are fewer households with young children.

In the Gila Region, 74 percent of children birth to five years of age are living with at least one parent, with 26 percent living in a single-female headed household. The region (20%), county (28%) and seven of nine areas in the region have a higher percentage of young children living with grandparents than the state (14%). Four areas have a quarter or more of the young children in their communities living with grandparents; Hayden (45%), Winkelman, Dudleyville (30%), Miami (28%), and Roosevelt (25%).

Most of the adult population living in the region (75%) identified as White, not-Hispanic and more than half (56%) of the population of children aged birth through four living in the region were identified as White, not-Hispanic. Three areas in the region had more than half of children through age four identified as Hispanic; Hayden (86%), Winkelman, Dudleyville (76%), and Miami (57%).

Many families across the Gila Region face economic challenges. The percentage of the population of children aged birth through five living in poverty in the Gila Region (39%) and in Gila County (44%) is higher than the state as a whole (27%). In the Globe area, this percentage is even higher with 48 percent of young children living in poverty. In addition, fewer children living with two parents in the region and the county have both parents in the labor force (24%) compared to the state (32%).

Due to this higher rate of economic disadvantage, many families in the region may benefit from public assistance programs. The number of young children receiving Nutrition Assistance (SNAP) benefits has increased in the region (+20%) and the county (+12%) between 2010 and 2012, more than across the state in the same period (+2%). Individual communities also saw greater increases such as the Hayden area, the Winkelman, Dudleyville area and the Payson area. Overall, half of the young children in the region were receiving SNAP in 2012. In the beginning of 2012, 42 percent of young children in Gila County were participating in WIC, higher

than the state rate of 29 percent. In Gila County, 30 percent of children under 18 years of age faced food insecurity, slightly higher than the state as a whole, suggesting the need for additional food supports.

Compared to the rest of the state, the Gila Region lags behind in the educational attainment of its adults. While adults in the region (13%) are less likely to be without a high school diploma or GED than the state of Arizona overall (15%), they are also less likely to have a bachelor's degree or more (17% vs. 27%). In addition, just 40 percent of births in the region are to mothers with more than a high school degree. These factors may limit employment opportunities for many in the region, and early literacy opportunities for some children.

The need for additional early literacy opportunities in the region can be evidenced in a number of ways. First, Gila County 3rd graders performed less well than students statewide in both the math and reading AIMS tests, with a lower percentage of students passing in each subject (50% math, 59% reading) than the state (69% math, 75% reading). In addition, only 16 percent of three and four year olds in the region are estimated to be enrolled in an early learning setting, compared to 34 percent across the state. Finally, only one-quarter of the region's population of children aged birth through five are being served in licensed or certified child care settings. Although the need for early learning opportunities in the region remains large, the Gila Regional Partnership Council is supporting the development of an additional early learning center in the Globe/Miami area, as well as funding child care scholarships through Quality First to address the barrier of affordability that many families in the region face.

While access to health care can be problematic for the Gila Region with all of Gila County designated as a "Federally Medically Underserved Area", and access to specialty medical and mental health services cited as key needs, two recently opened Federally Qualified Health Centers in the Globe and Payson areas may help to make health services more accessible for some in the region.

During 2012, there were 429 births in the region, down overall from 2009, but a slight increase from the previous year. The percentage of women in the region receiving early prenatal care in 2012 (77%), fell below the state average (79%) and the Healthy People 2020 target (78%), but showed an increase of seven percent since 2009. The percentage of births with low birth weight has been decreasing since 2009, with a low of 5.4 percent in 2012. The percentage of births to teen mothers has also been decreasing with a low of 12 percent in 2012, as have the percent of preterm births, with a low of six percent in 2012. One area still in need of improvement is maternal smoking. In the Gila Region, averaged over the four years from 2009-2012, over 16 percent of women reported smoking during pregnancy, much higher than the state of Arizona (4%), and the Healthy People 2020 target of no more than 1.4 percent.

Potentially related to smoking during pregnancy is an indicator of elevated substance use in the region. The age-adjusted mortality rates for both alcohol-induced and drug-induced deaths in Gila County are much higher than the state of Arizona. In particular, the age-adjusted mortality rate for drug-induced deaths for females in Gila County was 41.7/100,000, twice as high as the state rate, and the highest of any county in the state

The number of children removed from their homes between the ages of birth and five has increased from 2011 to 2013, in the region (+48%), county (+56%) and state (+35%). In Gila County, approximately four percent of youth indicated that they currently had an incarcerated parent, and 21 percent indicated that they had a parent who had previously been incarcerated, which may highlight a potential need for resources for these children.

The Gila Region is served by a number of parenting education programs, provided in a variety of settings and by a variety of providers. In addition, teen parents throughout the region are offered parenting education through both in-home and educational supports. The region is also increasing early literacy resources available to families through involvement in the Dolly Parton Imagination Library, and by participating in the network of Read On Arizona communities, offering additional literacy supports and programs for families in the region.

While the Gila Region faces challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population and geographical spread of the region, the Gila Regional Partnership Council is committed to the ideal that all children in the Gila Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to supporting collaboration and expanding early learning opportunities is helping to move the region closer to this goal.

Who are the families and children living in the Gila Region?

The Gila Region

The First Things First Gila Region, is found in central Arizona on the northeast edge of the Sonoran Desert. The Gila Region has many of the same boundaries as Gila County except the White Mountain Apache and San Carlos Apache tribal lands fall outside of the region. Only four percent of Gila County's land is privately owned, with the majority federally owned (55 percent) or tribal lands (40 percent). The elevation ranges from 2,000 to 7,000 feet and encompasses several different terrains including desert, plains, chaparral, and piñon-juniper and pine forests. Several impressive natural sites are located in the county, resulting in popular recreation areas throughout the region. The Gila Region's most populous places include the city of Globe, the towns Payson, Miami, Hayden/Winkelman and Pine/Strawberry, and the unincorporated places of Tonto Basin and Young. There are also a large number of rural unincorporated communities throughout the region. The Tonto Apache Tribe is located within the Gila Region, adjacent to the city of Payson. Tonto Apache Tribal lands comprise 85 acres, making it the smallest reservation in Arizona. There are approximately 110 enrolled members of the Tonto Apache Tribe with a third under the age of 16. The tribe has gained national recognition and are known in the art community for their skills in bead work and basketry. The Mazatzal Casino opened on the reservation in 1994 and is one of the largest employers in Payson. The vast, sparsely populated areas of the Gila Region, and the separation of the region due to a clustering of population centers in both the northern and southern portions of the region present unique challenges to the early childhood system in the region.

Regional Boundaries and Report Data

First Things First Regional boundaries were first established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data.

These guidelines were used to establish the Gila Region, which is comprised of the nine zip codes which are primarily located in the non-tribal parts of Gila County (85135, 85192, 85501, 85539, 85541, 85544, 85545, 85553, and 85554). There are three additional zip codes assigned to the Gila Region, but they are non-geographical and will not appear in any tables or maps in

this report. These zip codes are primarily for post office boxes in Globe (85502), Claypool (85532), and Payson (85547).

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data requested from regional agencies specifically for this report, and a number of key informant interviews. In most of the tables in this report, the top row of data corresponds to the total Gila Region. The next nine rows present the data for the nine geographical zip code areas in the region. At the bottom of each table will be a row for Gila County data and a row for the state of Arizona data. In a few tables in this report, we will not be able to present data for the Gila Region or for the individual zip code areas. In these tables, data for Gila County might be used instead. For these tables, the data is not available at the zip code level.

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

-First Things First—Data Dissemination and Suppression Guidelines for Publications

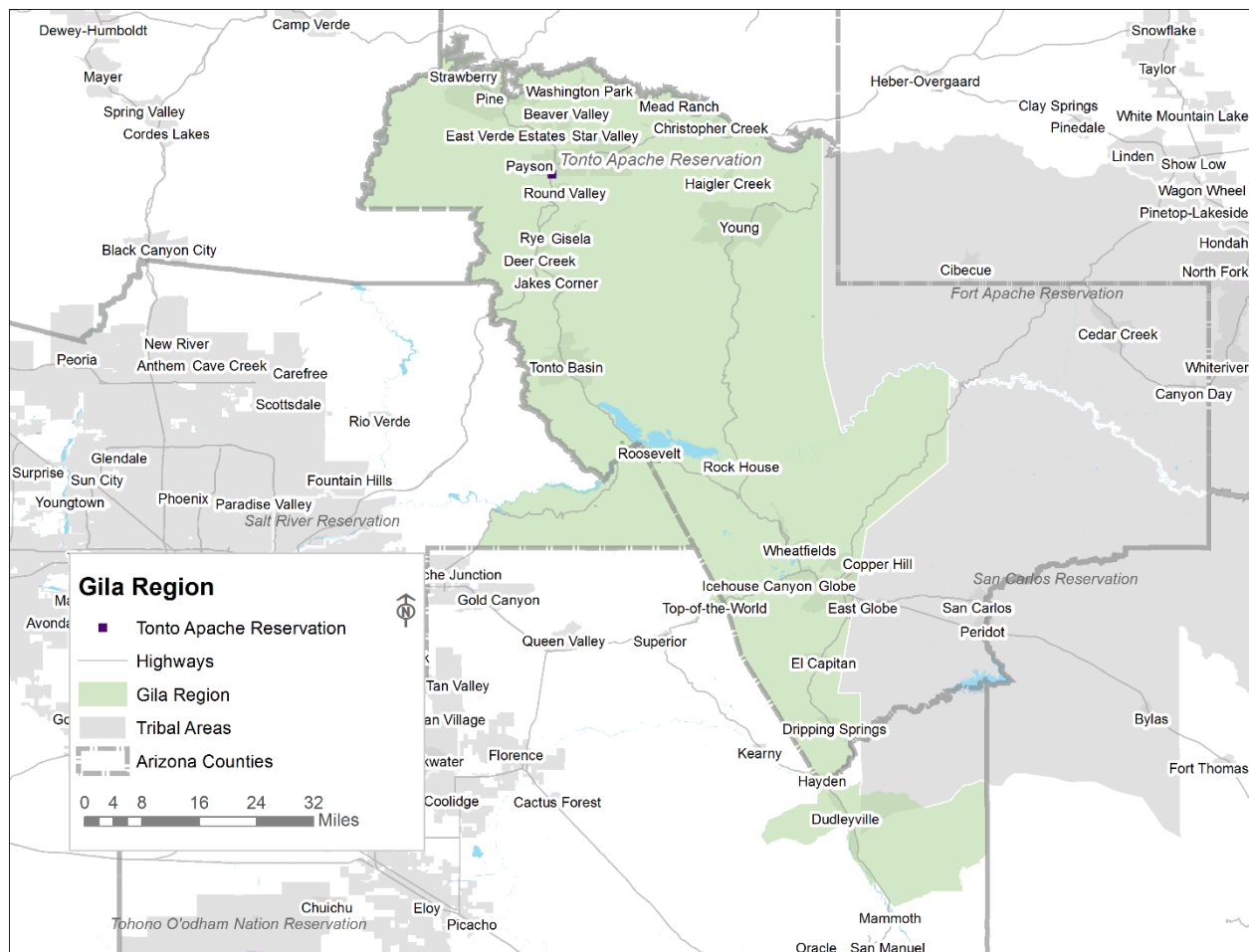
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

General Population Trends

The Gila Regional boundaries don’t necessarily align with county boundaries because they were set with the needs of families with young children in mind. The green area in the map below (Figure 1) indicates the boundaries of the Gila Region.

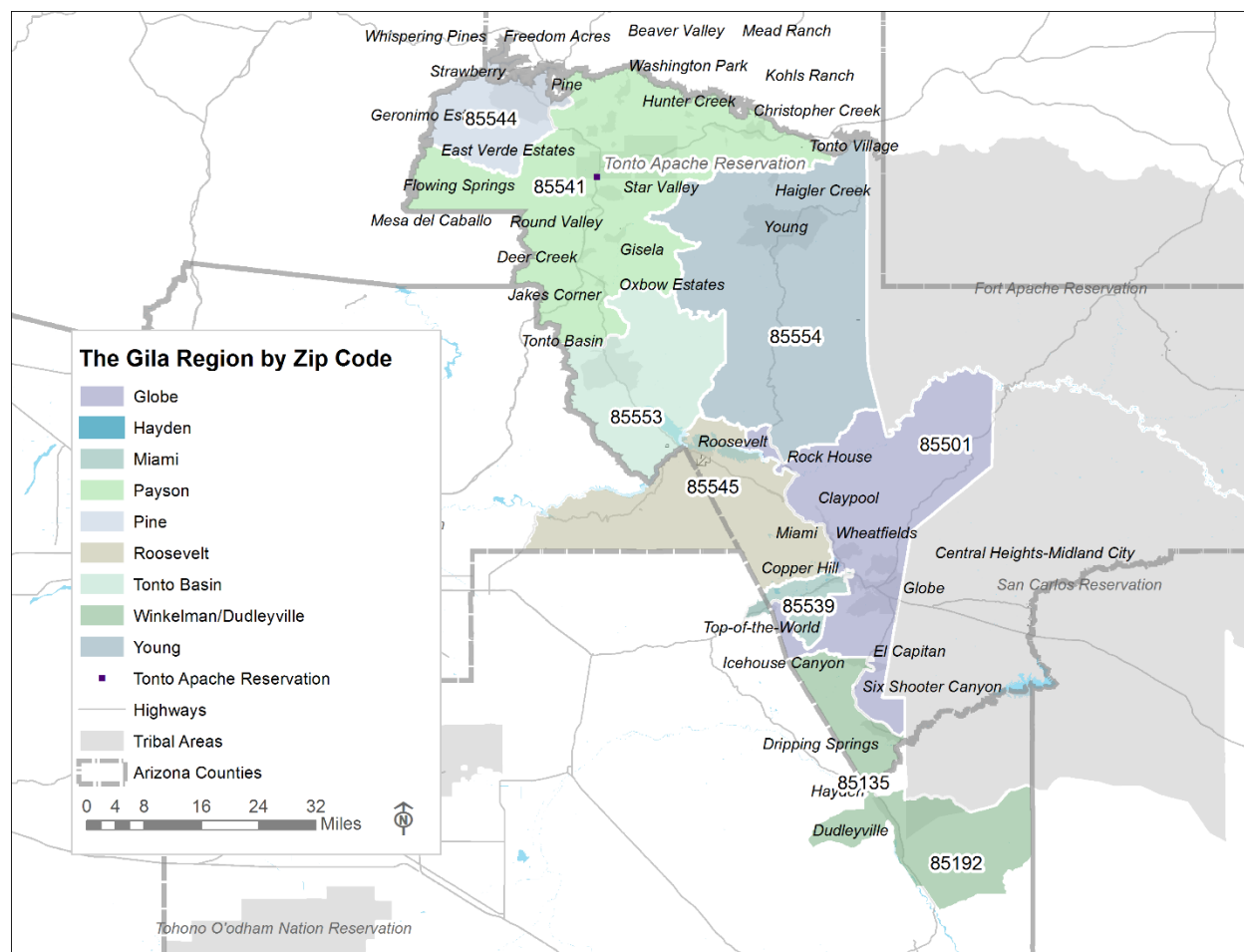
Figure 1: The Gila Region



Source: 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

Figure 2 on the following page shows the Gila Region by zip code. A discussion of communities within each of these zip codes follows.

Figure 2: The Gila Region, by zip code



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

The Nine Areas of the Gila Region

As can be seen in the map above, the Gila Region is comprised of nine zip codes which are primarily located in the non-tribal parts of Gila County. The section below describes the communities which lie within each of these zip codes.

The **85135** zip code area includes only the town of Hayden, in the southern part of the county.

The **85192** zip code area is also in the southern tip of Gila County, but reaches into Pinal County. It includes the town of Winkelman as well as the unincorporated places of Dudleyville and Dripping Springs. It also includes part of unincorporated El Capitan.

The city of Globe is the only incorporated place in the **85501** zip code area. This area also includes several unincorporated places: Six-Shooter Canyon, Wheatfields, Icehouse Canyon,

Pinal, Copper Hill, and Rock House. Most of Central Heights-Midland City and part of El Capitan are in the 85501 zip code.

In the **85539** zip code area are the town of Miami and Claypool, which is unincorporated. This area also contains small parts of Globe and Central Heights-Midland City. To the west, across the Pinal County line, is Top-of-the-World.

The towns of Payson and Star Valley are in the **85541** zip code area, which also includes many smaller, unincorporated places: Mesa del Caballo, Gisela, Round Valley, Tonto Village, Beaver Valley, Oxbow Estates, Deer Creek, East Verde Estates, Christopher Creek, Whispering Pines, Freedom Acres, Rye, Jakes Corner, Washington Park, Geronimo Estates, Hunter Creek, Kohls Ranch, Flowing Springs, Mead Ranch, and Bear Flat. The Tonto Apache Reservation is located just south of the town of Payson.

The **85544** zip code area has two unincorporated places, Pine and Strawberry.

The **85545** zip code area is a sparsely populated part of the county, to the south of Roosevelt Lake. It includes the unincorporated place of Roosevelt. The western portion of this zip code area reaches into Maricopa County, but very few people

Most of the residents of the **85553** zip code area live in the unincorporated place of Tonto Basin.

The **85554** zip code area contains Young and Haigler Creek, which are both unincorporated places.

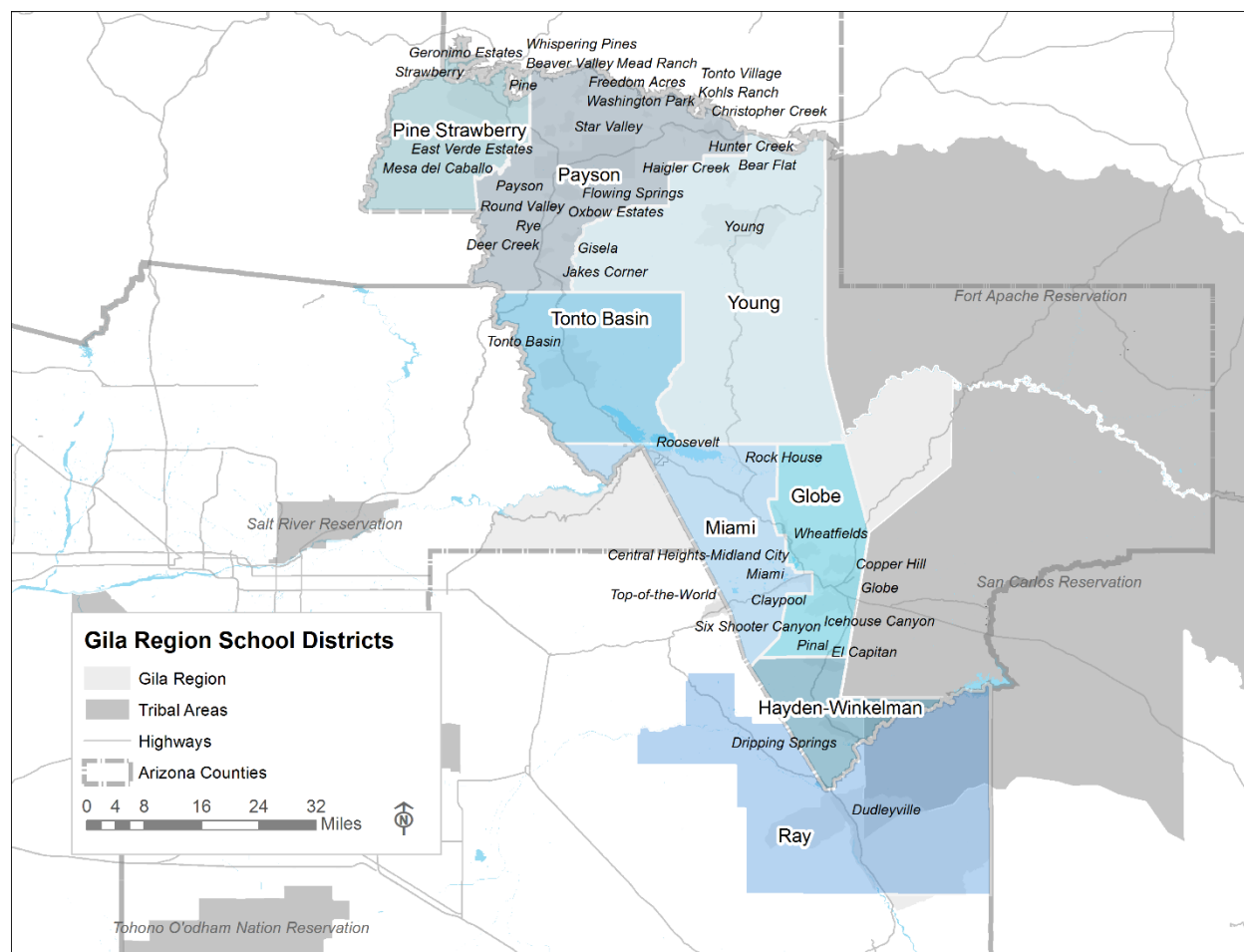
Differences between the Gila Region and Gila County

The tribal lands in the eastern part of Gila County are not part of the Gila First Things First Region. They are home to the White Mountain Apache Tribe First Things First Region to the north, and the San Carlos Apache First Things First Region to the south.

As noted above, the 85192 and 85539 zip codes areas extend into Pinal County. Also, the 85545 zip code area extends into Maricopa County.

Figure 3 shows the eight school districts that fall within the Gila Region. There are three elementary districts (Pine-Strawberry, Tonto Basin, and Young) and five unified districts (Payson, Miami, Globe, Hayden-Winkelman, and Ray). Note that the Ray District is in Pinal County, but includes part of the 85192 zip code area.

Figure 3: School districts in the Gila Region



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

Note: The Ray Unified School District is in Pinal County, however a portion of the zip code it is in, 85192, overlaps with First Things First Gila Region. Therefore, the district is included in this map and in tables with school district information in this report.

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Gila Region had a population of 48,303 in 2010, of whom 2,786 (6%) were children under the age of six. As seen below, Table 1 lists the 2010 populations for the region, the county, and the state. Also listed are the number of households (individual housing units) in the region and the number and percentage of those households in which at least one child under six resides.

Note: Population counts published in the Regional Needs and Assets reports may vary from those provided by First Things First. First Things First's population methodology is based on 2010 Census Blocks while this report uses the 2010 Census Zip Code Tabulation Areas.

Table 1: Population and households by area

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Gila Region	48,303	2,786	20,976	1,985	9%
85135 (Hayden)	630	47	223	30	13%
85192 (Winkelman, Dudleyville)	2,120	132	804	98	12%
85501 (Globe)	13,345	982	5,221	709	14%
85539 (Miami)	4,520	349	1,882	231	12%
85541 (Payson)	21,877	1,136	9,847	817	8%
85544 (Pine, Strawberry)	2,949	64	1,496	46	3%
85545 (Roosevelt)	583	8	317	8	3%
85553 (Tonto Basin)	1,501	39	805	28	3%
85554 (Young)	778	29	381	18	5%
Gila County	53,597	3,657	22,000	2,488	11%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Both the Gila Region and Gila County have a smaller proportion of households with children birth through five years of age (9%, 11%) than the state as a whole (16%). The southern portion of the Gila Region (Globe, Miami, Hayden, Winkelman) has more households with children under six than the northern portion of the region (Payson, etc.), where there are fewer households with young children. As shown in the table above, Globe (zip code 85501) has the highest percentage of households with children under six (14%) in the region.

Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations have changed over time, the most accurate comparison of population change is at the county and incorporated places level.¹ Table 2 shows changes in population between the 2000 Census and the 2010 Census. The total population of the Gila Region and Gila County has grown only slightly, at two percent and four percent respectively over that time period. The population of children under six in the region has decreased by 13 percent, and the population of young children in Gila County has grown by only one percentage point. The population of young children in individual communities within the region have all decreased with the exceptions of Tonto Basin (+200%) and Young (+7%) between 2000 and 2010.

¹ Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

Table 2: Population changes from 2000 to 2010 in the number of children ages 0-5

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Gila Region	47,187	48,303	2%	3,217	2,786	-13%
85135 (Hayden)	869	630	-28%	94	47	-50%
85192 (Winkelman, Dudleyville)	2,451	2,120	-14%	230	132	-43%
85501 (Globe)	13,761	13,345	-3%	1,096	982	-10%
85539 (Miami)	4,980	4,520	-9%	438	349	-20%
85541 (Payson)	19,814	21,877	10%	1,177	1,136	-3%
85544 (Pine, Strawberry)	2,983	2,949	-1%	114	64	-44%
85545 (Roosevelt)	798	583	-27%	28	8	-71%
85553 (Tonto Basin)	878	1,501	71%	13	39	+200%
85554 (Young)	653	778	19%	27	29	+7%
Gila County	51,335	53,597	4%	3,634	3,657	+1%
Arizona	5,130,632	6,392,017	25%	459,141	546,609	+19%

Source: US Census (2010). Tables P1, P14; US Census, 2000, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Population projections for the state show a slight decrease in the population of children aged birth through five years by 2015, but then increases through the year 2025. In Gila County the population of young children is projected to increase through the year 2025, starting with a projected increase by 2015 of eight percent, and continuing to a 20 percent increase by 2025 (see Table 3).

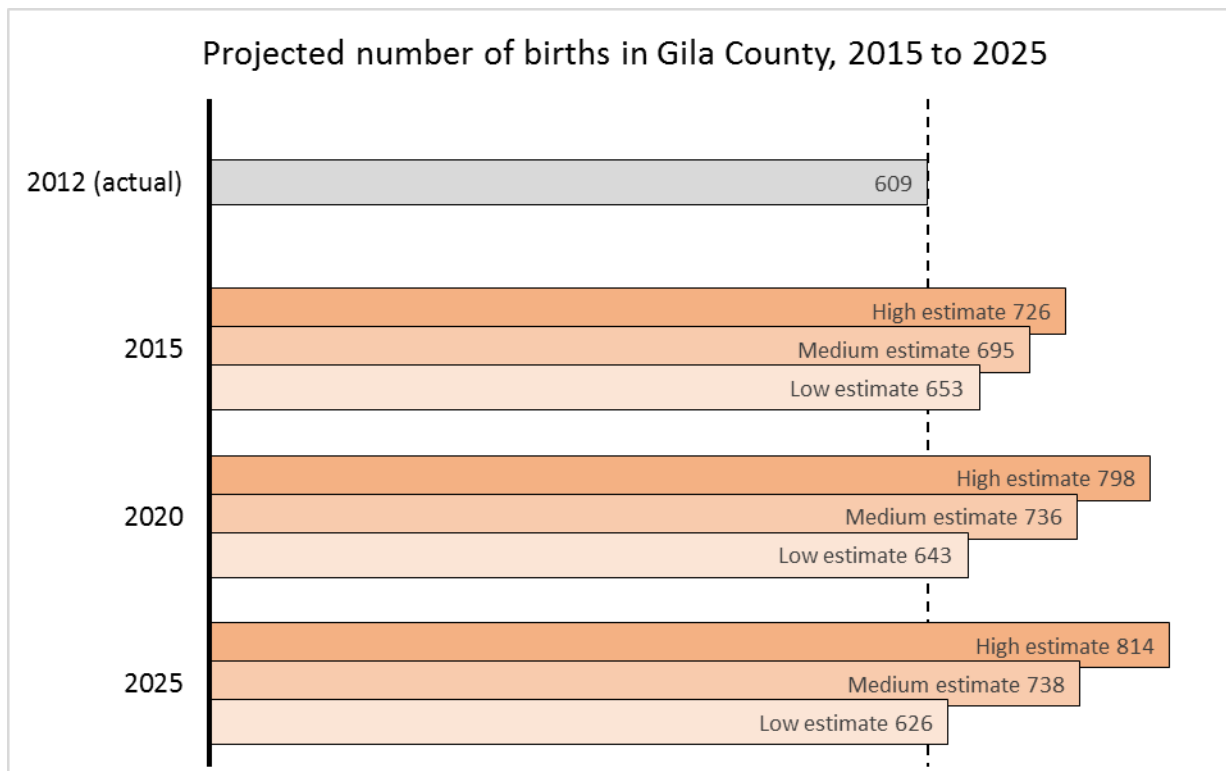
Table 3: Population projections for Gila County and the state

GEOGRAPHY	2010 Census (ages 0-5)	2015		2020		2025	
		Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010
Gila County	3,657	3,961	+8%	4,290	+17%	4,399	+20%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012). "2012-2050 State and county population projections."

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race-ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in Figure 4, even the low estimate for birth projection estimates shows an increase in births through 2025 in Gila County.

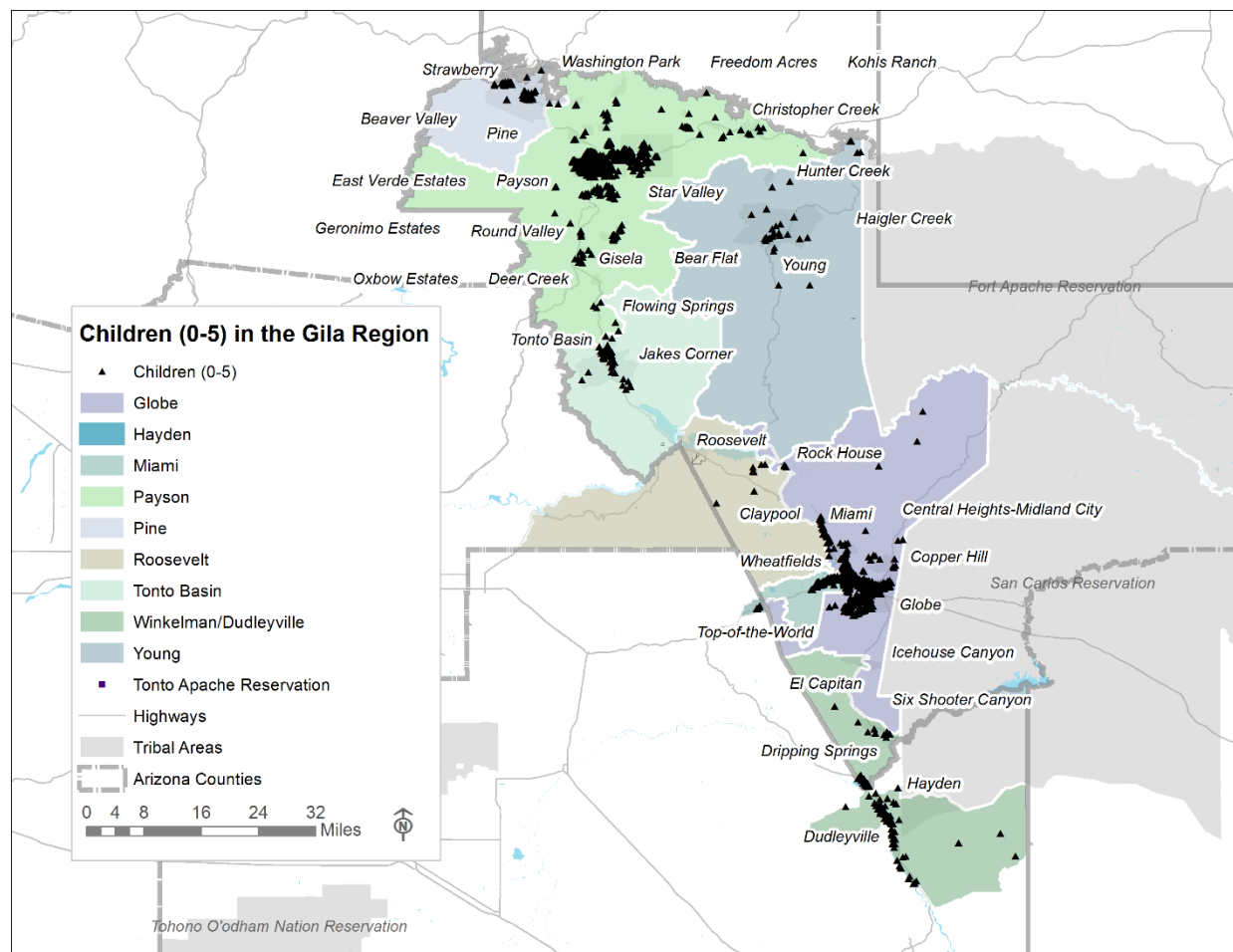
Figure 4: Birth projections for Gila County and the state



Arizona Department of Administration, Office of Employment and Population Statistics (December 2012). "2012-2050 State and county population projections."

Figure 5 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. As can be seen in this map, the majority of the young children in the region can be found clustered around Payson in the northern portion of the region, and around Globe/Miami in the southern portion of the region.

Figure 5: Geographic distribution of children under six according to the 2010 Census (by census block)



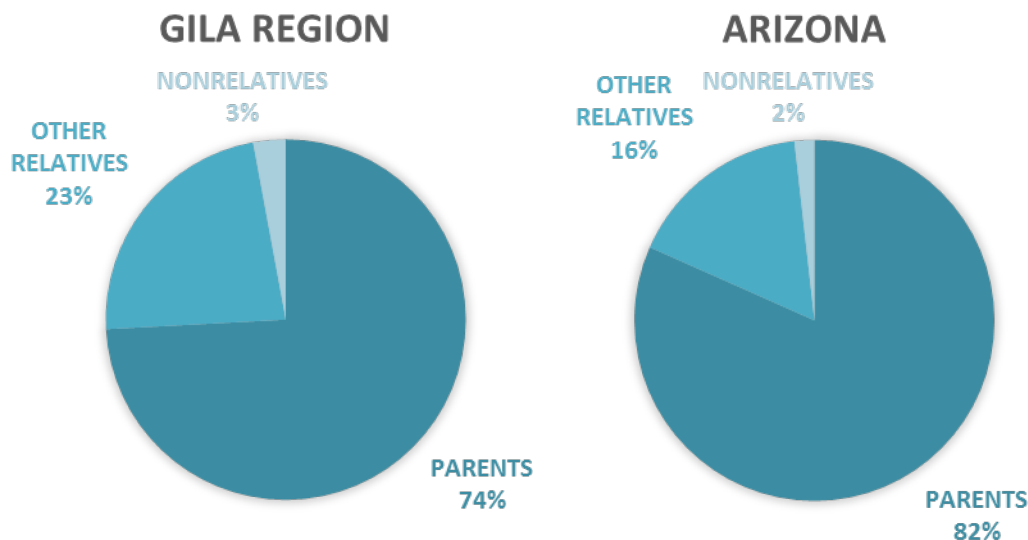
US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Additional Population Characteristics

Household Composition

In the Gila Region, about three-quarters (74%) of children birth to five years of age are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). The majority of the 26 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (641 children, 23%). This distribution is different than the state as a whole, where more children live with parents (82%) and fewer live with other relatives (16%).

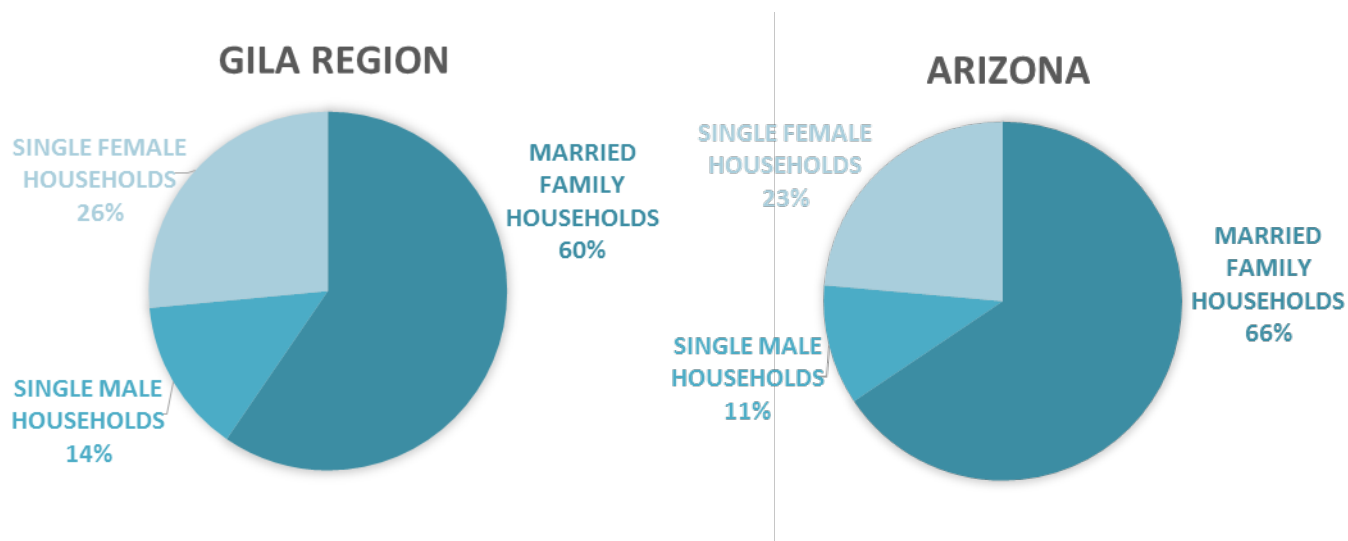
Figure 6: Living arrangements for children



US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Most young children in the region and the state are living in married family households (60% and 66% respectively). The Gila Region has slightly more children aged birth through five residing in single female households (26%) than the state (23%).

Figure 7: Type of household with children (0-5)



US Census (2010). Table P32. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent's household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers

for their grandchildren.² In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household (see Table 4 below). This percentage is even higher in the Gila Region (20%) and in some communities in the region including Hayden (45%), Winkelman, Dudleyville (30%), Miami (28%) and Roosevelt (25%).

Table 4: Number of children living in a grandparent's household

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Gila Region	2,786	544	20%	20,976	727	3%
85135 (Hayden)	47	21	45%	223	21	9%
85192 (Winkelman, Dudleyville)	132	40	30%	804	56	7%
85501 (Globe)	982	198	20%	5,221	256	5%
85539 (Miami)	349	99	28%	1,882	110	6%
85541 (Payson)	1,136	168	15%	9,847	252	3%
85544 (Pine, Strawberry)	64	6	9%	1,496	19	1%
85545 (Roosevelt)	8	2	25%	317	3	1%
85553 (Tonto Basin)	39	5	13%	805	6	1%
85554 (Young)	29	5	17%	381	4	1%
Gila County	3,657	1,015	28%	22,000	1,102	5%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The Arizona Children's Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.³ Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.⁴ Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

² More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

³ Children's Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>

⁴ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

There is some positive news for grandparents and great-grandparents in Arizona raising their grandkids through a Child Protective Services (CPS) placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the Federal Poverty Level (FPL), and not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.⁵ Those not in the CPS system might also be eligible for this stipend in the coming months if Arizona Senate Bill 1346 is passed.⁶ In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.⁷

In addition to living with grandparents, a small portion of children in the region are living with at least one foreign born parent. In Arizona, just under one-third (29%) of children aged birth through five are living with at least one foreign born parent, while only six percent of young children in the Gila Region and five percent in Gila County are (see Table 5). The town of Miami has the largest percentage of any community in the region where estimates are available, with 19 percent of children aged birth through five living with at least one foreign born parent.

Table 5: Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Gila Region	2,786	6%
85135 (Hayden)	47	-
85192 (Winkelman, Dudleyville)	132	-
85501 (Globe)	982	8%
85539 (Miami)	349	19%
85541 (Payson)	1,136	1%
85544 (Pine, Strawberry)	64	-
85545 (Roosevelt)	8	-
85553 (Tonto Basin)	39	-
85554 (Young)	29	-
Gila County	3,657	5%
Arizona	546,609	29%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

⁵ Children's Action Alliance, January 15, 2014 Legislative Update email.

⁶ Children's Action Alliance, February 21, 2014 Legislative Update email.

⁷ <http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>;
<http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

Ethnicity and Race

Three-quarters (75%) of the adult population living in the region identified as White, not-Hispanic and 21 percent identified themselves as Hispanic (Census 2010, Table P11). The White, not-Hispanic population of adults in the region is higher than the White, not-Hispanic population of adults in Arizona overall (63%), and the population of Hispanic adults is lower than in Arizona overall (25%). The racial and ethnic breakdown of adults living in the region varies sharply by community as can be seen in Table 6 below.

Table 6: Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Gila Region	47,931	21%	75%	0%	2%	1%	1%
85135 (Hayden)	630	84%	15%	0%	0%	0%	0%
85192 (Winkelman, Dudleyville)	1,770	59%	38%	0%	1%	0%	1%
85501 (Globe)	13,345	32%	62%	1%	4%	1%	1%
85539 (Miami)	4,499	44%	53%	0%	2%	0%	1%
85541 (Payson)	21,877	9%	87%	0%	2%	1%	1%
85544 (Pine, Strawberry)	2,949	3%	95%	0%	1%	1%	1%
85545 (Roosevelt)	582	4%	91%	0%	1%	1%	3%
85553 (Tonto Basin)	1,501	5%	94%	0%	0%	0%	1%
85554 (Young)	778	6%	90%	0%	3%	0%	2%
Gila County	53,597	18%	66%	0%	14%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Over half (56%) of the population of children aged birth through four living in the region were identified as White, not-Hispanic, while 37 percent were identified as Hispanic (Census 2010). This is also different than Arizona as a whole. Less than half of Arizona's population of children aged birth through four were reported to be White, non-Hispanic (40%), while another 45 percent were reported to be Hispanic. As can be seen in Table 7, the racial and ethnic breakdown of young children living in the region also varies sharply by community.

Table 7: Race and ethnicity for children ages 0-4⁸

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Gila Region	2,317	37%	56%	1%	4%	0%
85135 (Hayden)	44	86%	14%	0%	0%	0%
85192 (Winkelman, Dudleyville)	104	76%	21%	2%	1%	0%
85501 (Globe)	822	44%	47%	0%	8%	1%
85539 (Miami)	283	57%	38%	1%	4%	0%
85541 (Payson)	944	22%	73%	1%	3%	0%
85544 (Pine, Strawberry)	55	9%	89%	0%	0%	0%
85545 (Roosevelt)	7	0%	71%	0%	0%	0%
85553 (Tonto Basin)	33	21%	76%	0%	0%	3%
85554 (Young)	25	20%	64%	0%	8%	0%
Gila County	3,059	27%	42%	0%	29%	0%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

As can be seen in Table 8, a large portion of the population five years of age and older in the region speaks only English at home (87%), which is higher than for the state (73%). The primary language used at home for those living in the region varies sharply by community, with half of those five years and older in Hayden (50%) and Winkelman, Dudleyville (51%) speaking Spanish at home, while over three quarters of those in other communities in the region speak only English at home. Use of Spanish at home does not necessarily mean lack of English language ability.

⁸ The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

Language Use and Proficiency

Table 8: Home language use for individuals 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Gila Region	45,124	87%	11%	0%	3%
85135 (Hayden)	723	50%	50%	0%	17%
85192 (Winkelman, Dudleyville)	1,653	49%	51%	0%	16%
85501 (Globe)	12,850	84%	14%	1%	3%
85539 (Miami)	4,805	77%	23%	0%	5%
85541 (Payson)	20,803	94%	5%	0%	2%
85544 (Pine, Strawberry)	2,208	98%	0%	0%	1%
85545 (Roosevelt)	706	100%	0%	0%	2%
85553 (Tonto Basin)	1,097	99%	0%	0%	1%
85554 (Young)	279	94%	0%	0%	5%
Gila County	50,320	84%	9%	5%	2%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Data about English speaking ability provides additional information about the characteristics of the population in the Gila Region. As shown in Table 9, rates of linguistic isolation are even lower in the Gila Region (1%) than they are in the state (5%).

Table 9: Household home language use

GEOGRAPHY	2010 CENSUS TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Gila Region	20,976	14%	1%
85135 (Hayden)	223	78%	4%
85192 (Winkelman, Dudleyville)	804	44%	2%
85501 (Globe)	5,221	19%	2%
85539 (Miami)	1,882	28%	3%
85541 (Payson)	9,847	8%	1%
85544 (Pine, Strawberry)	1,496	3%	0%
85545 (Roosevelt)	317	0%	0%
85553 (Tonto Basin)	805	2%	0%
85554 (Young)	381	12%	0%
Gila County	22,000	18%	2%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
 Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.⁹ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹⁰ In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).¹¹ The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family

⁹ Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households*. Nov 2012. <http://www.cbpp.org/files/11-15-12sfpr-pr.pdf>

¹⁰ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

¹¹ The Arizona Children’s Action Alliance. *Arizona Shows No Improvement in Child Poverty*. Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

dysfunction, and separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.¹²

As can be seen in Table 10 the percentage of the population of children aged birth through five living in poverty in the Gila Region (39%) and Gila County (44%) is higher than the population living in poverty in the state as a whole (27%). The percentage of the total population living in poverty is the same for the region and the state (both 17%).

Table 10: Median family annual income and persons living below the U.S. Census poverty threshold level

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY ¹³
Gila Region	-	17%	39%
85135 (Hayden)	\$43,403	33%	-
85192 (Winkelman, Dudleyville)	\$43,333	18%	-
85501 (Globe)	\$51,232	21%	48%
85539 (Miami)	\$51,042	17%	21%
85541 (Payson)	\$49,483	14%	34%
85544 (Pine, Strawberry)	\$50,242	9%	-
85545 (Roosevelt)	\$31,953	10%	-
85553 (Tonto Basin)	\$43,393	26%	-
85554 (Young)	\$26,042	16%	-
Gila County	\$48,231	21%	44%
Arizona	\$59,563	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Between 2007 and 2012, whereas the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 20 percent, compared to 18 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are

¹² Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

¹³ Note: A child's poverty status is defined as the poverty status of the household in which he or she lives. "Related" means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child's poverty status cannot be determined.

more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.¹⁴

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change)¹⁵. Table 11 shows the median family income in a number of communities within the Gila Region.

Table 11: Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Gila Region	-	-	-	-
85135 (Hayden)	\$43,403	\$33,750	-	-
85192 (Winkelman, Dudleyville)	\$43,333	\$27,059	-	-
85501 (Globe)	\$51,232	\$61,206	\$50,179	\$9,301
85539 (Miami)	\$51,042	\$46,983	\$61,761	\$26,603
85541 (Payson)	\$49,483	\$63,367	\$70,855	\$21,003
85544 (Pine, Strawberry)	\$50,242	\$44,528	-	-
85545 (Roosevelt)	\$31,953	-	-	-
85553 (Tonto Basin)	\$43,393	-	-	-
85554 (Young)	\$26,042	-	-	-
Gila County	\$48,231	\$54,479	\$57,262	\$21,130
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Unemployment and Foreclosures

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long

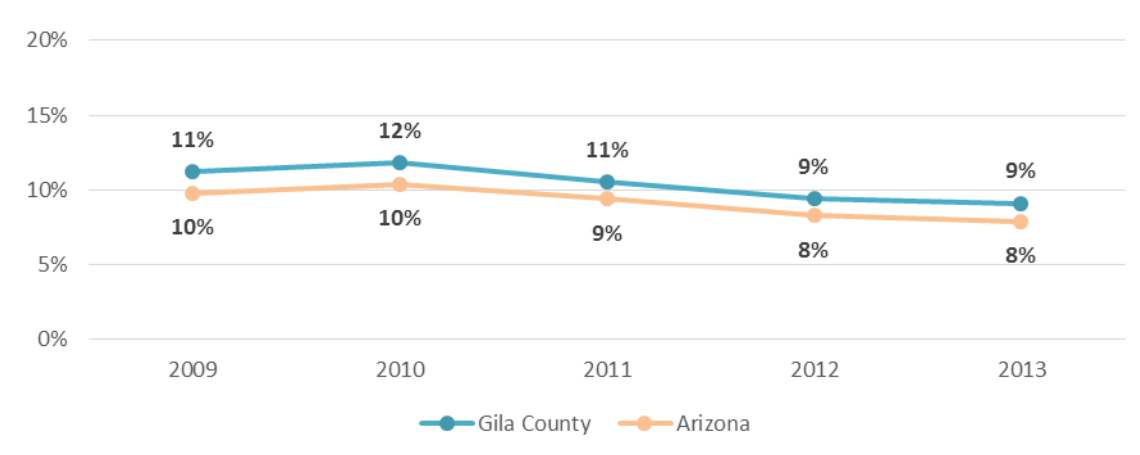
¹⁴ Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

¹⁵ Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children's school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)¹⁶

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. Figure 8 shows the annual unemployment rates across years for Gila County and Arizona. Although slightly higher, the trajectory of unemployment rates in Gila County during the period from 2009 through 2013 are very similar to the state of Arizona's trajectory.

Figure 8: Annual unemployment rates in Gila County and Arizona, 2009-2013



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

Table 12 shows the employment status of parents of young children in the region. Fewer children living with two parents in the region and the county have both parents in the labor force (24%) compared to the state (32%).

¹⁶ Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

Table 12: Employment status of parents of young children

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Gila Region	2,786	24%	30%	2%	39%	5%
85135 (Hayden)	47	-	-	-	-	-
85192 (Winkelman, Dudleyville)	132	15%	0%	0%	85%	0%
85501 (Globe)	982	23%	30%	0%	40%	8%
85539 (Miami)	349	20%	37%	0%	27%	16%
85541 (Payson)	1,136	23%	31%	5%	41%	0%
85544 (Pine, Strawberry)	64	-	-	-	-	-
85545 (Roosevelt)	8	-	-	-	-	-
85553 (Tonto Basin)	39	-	-	-	-	-
85554 (Young)	29	-	-	-	-	-
Gila County	3,657	24%	24%	2%	34%	17%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: "In labor force" includes adults who are employed or looking for employment.

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.¹⁷

In May of 2014, the number of foreclosures across the region and county varied, as can be seen in Table 13 below. The number of foreclosures per 1,000 properties was highest for the Globe and Miami areas, and these were the only areas in the region that exceeded the state foreclosure rate. In almost all areas of the region, there were more homes for sale than there were in foreclosure, as evidenced by most values being less than one for the "ratio of foreclosures to homes for sale". An additional indicator, the percent of housing units that are vacant, illustrates the percent of housing units that are "not occupied" for a number of reasons. These include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational, or occasional use. As can be seen in the table below, many more housing units in the region and county fall into this "vacant" category than

¹⁷ Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

do housing units across the state as a whole. The areas of Pine and Young have a particularly high percent of houses that are vacant (both 76%).

Table 13: Foreclosures in Arizona, Gila County, and the Gila Region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Gila Region	31,608	211	0.285	0.387	39%
85135 (Hayden)	271	0	0.000	-	27%
85192 (Winkelman, Dudleyville)	907	4	0.000	0.667	27%
85501 (Globe)	6,203	60	0.806	0.659	17%
85539 (Miami)	2,434	14	0.822	0.519	21%
85541 (Payson)	15,144	115	0.132	0.307	38%
85544 (Pine)	4,151	17	0.000	0.415	76%
85545 (Roosevelt)	723	1	0.000	1.000	48%
85553 (Tonto Basin)	1,180	0	0.000	-	49%
85554 (Young)	595	0	0.000	-	76%
Gila County	32,644	211	0.312	0.386	38%
Arizona	2,841,432	30,205	0.657	0.752	17%

RealtyTrac (2014). *Arizona Real Estate Trends & Market Info*. Retrieved from <http://www.realtytrac.com/statsandtrends/foreclosuretrends/az> ; US Census (2013). *American Community Survey 5-year Estimates, 2008-2012, Tables B25001, B25004*. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters of these low income renters, 210,000 (78%), are paying more than the recommended 30 percent of their income in rent, which is considered “housing- cost burdened”. This is often caused by a shortage of affordable rentals. Sixty-eight percent of very low income renters in Gila County are classified as housing-cost burdened renters, comparable to the state as whole.¹⁸

The percentage of housing units in the region and county that have housing problems and severe housing problems is also similar to the state rate. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs

¹⁸ Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

exceed 50 percent of income.¹⁹ Just over one-third of housing units in the region (35%), county (35%) and state (38%) are classified as having housing problems (see Table 14). Of those units with housing problems, 18 percent in the region and county were also classified as having severe housing problems, just under the state percentage of 20 percent. Some communities have a higher percentage of units with severe housing problems, such as Roosevelt (37%) and Pine/Strawberry (27%).

Table 14: Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	UNITS WITH HOUSING PROBLEMS	UNITS WITH SEVERE HOUSING PROBLEMS
Gila Region	19,229	35%	18%
85135 (Hayden)	84	31%	4%
85192 (Winkelman, Dudleyville)	1,049	31%	17%
85501 (Globe)	5,140	30%	17%
85539 (Miami)	1,843	31%	18%
85541 (Payson)	8,833	37%	16%
85544 (Pine, Strawberry)	1,250	39%	27%
85545 (Roosevelt)	369	39%	37%
85553 (Tonto Basin)	458	39%	16%
85554 (Young)	203	45%	22%
Gila County	19,710	35%	18%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html

Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (Supplemental Nutrition Assistance Program or SNAP, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

SNAP

Nutrition Assistance, or SNAP (Supplemental Nutrition Assistance Program), helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010,

¹⁹ US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas²⁰. Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²¹

The number of children receiving SNAP has increased more in the Gila Region (20%) and in Gila County (12%) than across the state (2%) over the last several years (see Table 15). There is considerable variability across communities in the region in the change in the percentage of children aged birth through five who are receiving SNAP between 2010 and 2012. The communities of Hayden and Winkelman, Dudleyville saw large increases in participation, while other communities either saw modest increases, no increase, or in two cases, decreases in participation between 2010 and 2012 (Tonto Basin, -11% and Miami, -7%). It should be noted that while percentages may seem large, the accompanying change in the number of children being impacted is sometimes very small.

Table 15: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012 ²²
		#	%	#	%	#	%	
Gila Region	2,786	1,170	42%	1,294	46%	1,401	50%	+20%
85135 (Hayden)	47	<10	DS	11	23%	20	43%	+900%
85192 (Winkelman, Dudleyville)	132	<10	DS	75	57%	66	50%	+843%
85501 (Globe)	982	493	50%	515	52%	517	53%	+5%
85539 (Miami)	349	150	43%	154	44%	139	40%	-7%
85541 (Payson)	1,136	460	40%	485	43%	599	53%	+30%
85544 (Pine, Strawberry)	64	29	45%	26	41%	32	50%	+10%
85545 (Roosevelt)	8	<10	DS	<10	DS	<10	DS	0%
85553 (Tonto Basin)	39	18	46%	18	46%	16	41%	-11%
85554 (Young)	29	<10	DS	<10	DS	<10	DS	+25%
Gila County	3,657	2,193	60%	2,282	62%	2,460	67%	+12%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

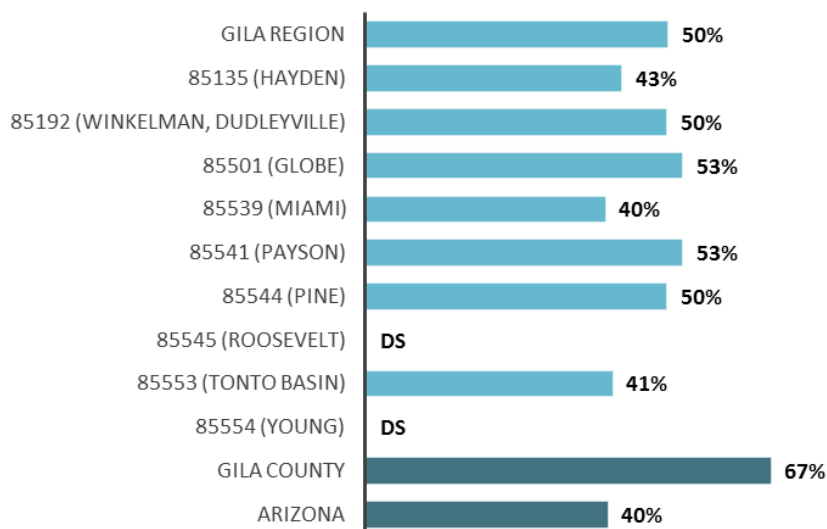
²⁰ <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

²¹ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

²² Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change = (Number in Year 2 - Number in Year 1)/(Number in Year 1) × 100.

As shown in Figure 9, the percentage of children aged birth through five in the Gila Region who are receiving SNAP is higher than the percentage of children aged birth through five in Arizona as a whole who are.

Figure 9: Percentage of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

TANF

In contrast to SNAP (Nutrition Assistance), the number of children receiving TANF (Temporary Assistance for Needy Families) has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.²³ Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected to increase to 20-39 million dollars in fiscal year 2015.²⁴

The table and figure below provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region.

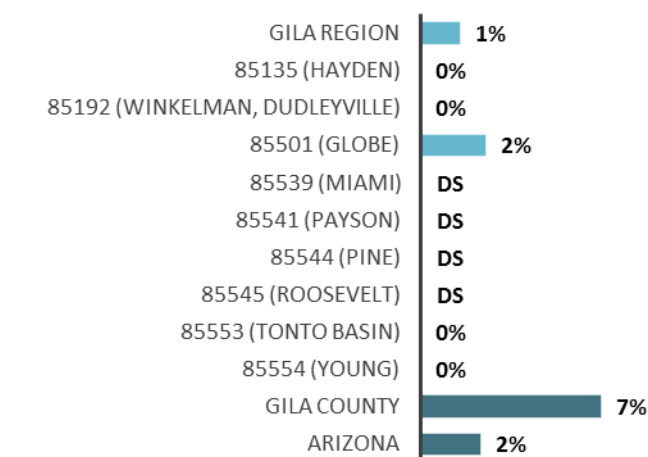
²³ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

²⁴ The Arizona Children's Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

Table 16: Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Gila Region	2,786	92	3%	45	2%	41	1%	-55%
85135 (Hayden)	47	0	0%	0	0%	0	0%	0%
85192 (Winkelman, Dudleyville)	132	0	0%	0	0%	0	0%	0%
85501 (Globe)	982	45	5%	28	3%	24	2%	-47%
85539 (Miami)	349	17	5%	10	3%	<10	DS	-53%
85541 (Payson)	1,136	24	2%	<10	DS	<10	DS	-71%
85544 (Pine, Strawberry)	64	<10	DS	0	0%	<10	DS	-75%
85545 (Roosevelt)	8	0	0%	0	0%	<10	DS	DS
85553 (Tonto Basin)	39	<10	DS	0	0%	0	0%	DS
85554 (Young)	29	<10	DS	0	0%	0	0%	DS
Gila County	3,657	384	11%	261	7%	250	7%	-35%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 10: Percentage of children ages 0-5 receiving TANF in January 2012

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Women, Infants and Children (WIC)

Arizona's WIC program is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.²⁵ A primary goal of the WIC

²⁵ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice²⁶, and of reduced-fat milk²⁷, and fewer purchases of white bread, whole milk, cheese and juice.²⁸

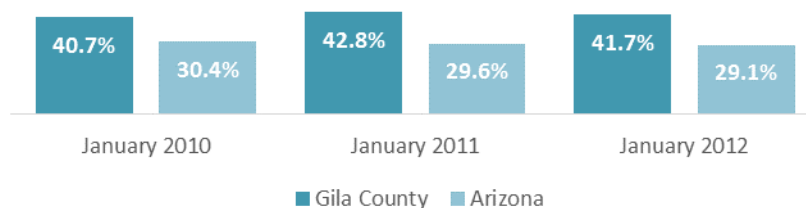
In January 2012, 42 percent of young children in Gila County were participating in WIC, higher than the state rate of 29 percent. As can be seen in Figure 11, WIC participation among infants and children in Gila County has been consistently higher than in the state overall from 2010 to 2012.

Table 17: Monthly snapshots of WIC participation in Gila County and the state

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Gila County	303	992	43%	301	967	42%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 11: Monthly snapshots of WIC participation in Gila County and the state



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

²⁶ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422–429

²⁷ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

²⁸ Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown in Table 18.

Table 18: Free and reduced lunch eligibility requirements for 2014-2015 school year

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
Household Size	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

As can be seen in Table 19, in 2013 three school districts in the Gila Region had three-quarters or more of their students eligible for free or reduced lunch.

Table 19: Free and reduced lunch eligibility by school district

SCHOOL DISTRICT NAME	ESTIMATED PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Globe Unified District	61%
Hayden-Winkelman Unified District	75%
Miami Unified District	66%
Payson Unified District	60%
Pine Strawberry Elementary District	60%
Ray Unified District	56%
Tonto Basin Elementary District	90%
Young Elementary District	80%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility”, this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.²⁹ Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.³⁰

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³¹ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³² A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.³³

New legislation at the federal and state levels has the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School

²⁹ Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

³⁰ <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

³¹ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³² Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

³³ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

Officers (CCSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at www.corestandards.org, and additional information about AZCCRS can be found at <http://www.azed.gov/azccrs>.

Move on When Ready

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6), and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a "one-size-fits-all" educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. None of these schools are within the Gila Region.

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁴ Some studies have indicated

³⁴ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.³⁵

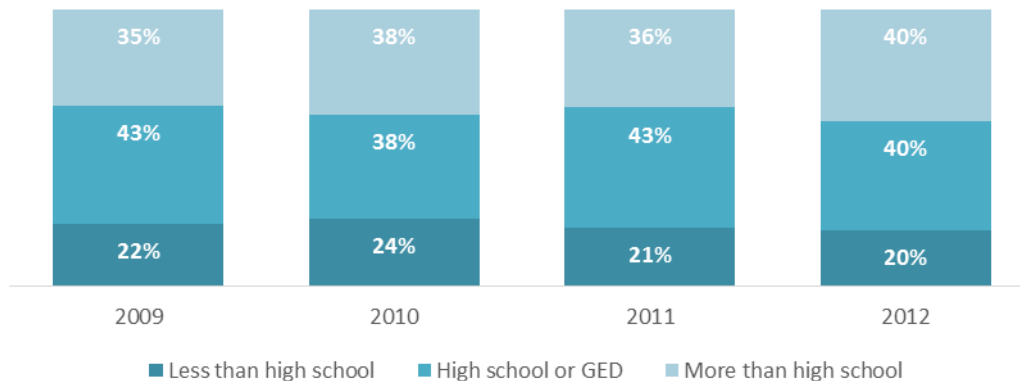
Adults in the Gila Region are less likely to not have a high school diploma or GED (13%) than the state of Arizona overall (15%), but are also less likely to have a bachelor's degree or more (17% and 27% respectively) (see Table 20). In addition, fewer than half of births in the Gila Region are to women with more than a high school diploma (see Figure 12).

Table 20: Educational achievement of adults

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some education beyond high school	Adults (ages 25+) with a bachelor's degree or more
Gila Region	13%	32%	38%	17%
85135 (Hayden)	9%	43%	43%	6%
85192 (Winkelman, Dudleyville)	19%	39%	32%	10%
85501 (Globe)	16%	31%	38%	15%
85539 (Miami)	21%	32%	37%	11%
85541 (Payson)	10%	32%	39%	19%
85544 (Pine, Strawberry)	10%	35%	34%	21%
85545 (Roosevelt)	6%	13%	41%	40%
85553 (Tonto Basin)	14%	35%	43%	9%
85554 (Young)	33%	30%	28%	9%
Gila County	15%	32%	38%	16%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

³⁵ Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

Figure 12: Births by mother's educational achievement in the Gila Region

Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.³⁶ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Table 21 below shows the graduation and dropout rates in the region. The percent of students across the state who graduated in four years in 2012 was 77 percent³⁷. Three districts in the Gila Region have a higher percent graduated, and one has a lower percent graduated than the state, although the dropout rates for all are similar to the state.

³⁶ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

³⁷ Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

Table 21: Graduation and drop-out rates by school district

LOCAL EDUCATION AGENCY (LEA)	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Globe Unified District	87%	3%
Miami Unified District	76%	2%
Payson Unified District	81%	4%
Ray Unified District	86%	3%
Arizona	77%	4%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.³⁸ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.³⁹ In the Gila Region, the numbers are even lower; only 16 percent of three and four year olds in the region and only 20 percent in Gila County were estimated to be enrolled in early education settings (see Table 22).

³⁸ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

³⁹ Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

Table 22: Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	2010 CENSUS PRESCHOOL- AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Gila Region	904	16%
85135 (Hayden)	16	-
85192 (Winkelman, Dudleyville)	47	-
85501 (Globe)	310	35%
85539 (Miami)	103	13%
85541 (Payson)	366	11%
85544 (Pine, Strawberry)	26	-
85545 (Roosevelt)	4	-
85553 (Tonto Basin)	18	-
85554 (Young)	14	-
Gila County	1,168	20%
Arizona	185,196	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
 Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴⁰ More information about how these scholarships are used in the Gila Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴¹

⁴⁰ The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

⁴¹ First Things First. *Arizona School Readiness Indicators*. Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS)⁴². The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute⁴³ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

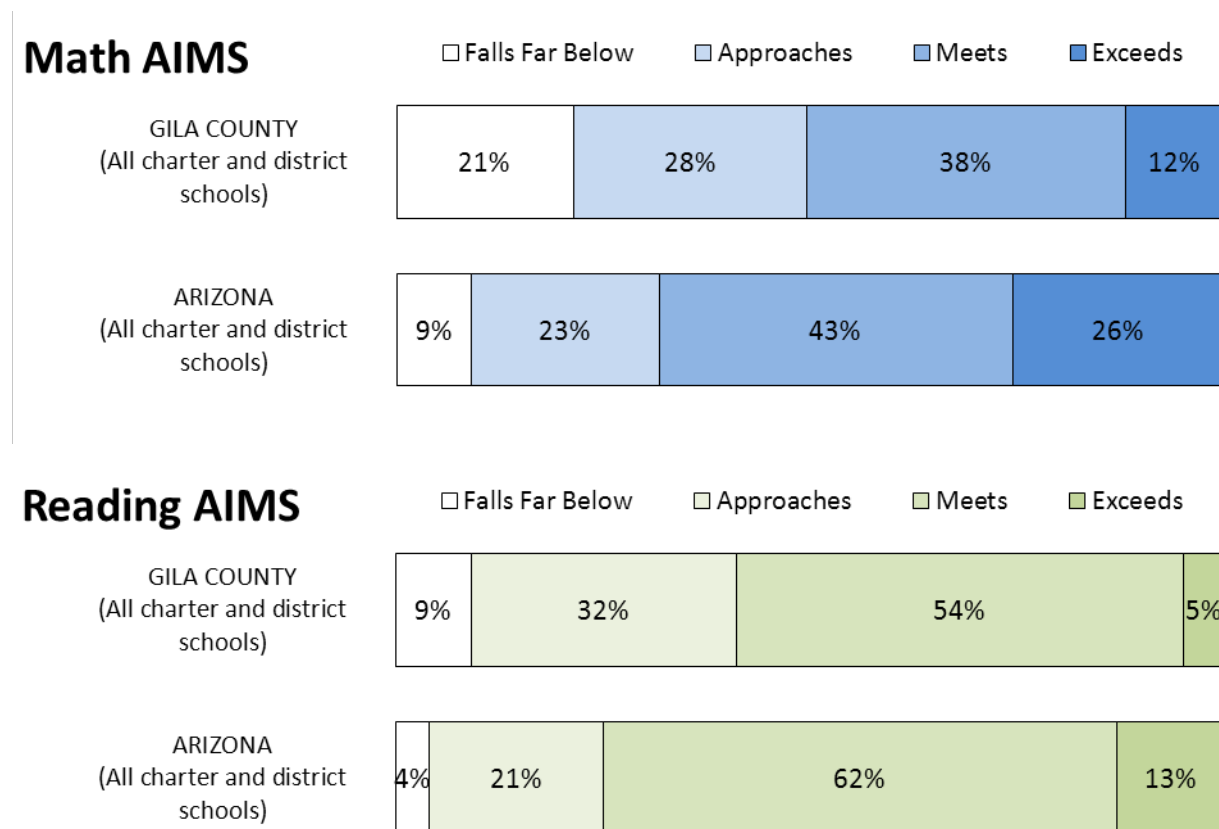
In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁴⁴

As Figure 13 shows, overall, Gila County 3rd graders performed less well than students statewide in both math and reading, with a higher percentage of students not passing in each subject (indicated by a combination of the percentages for "approaches" and "falls far below".) In math, 69 percent of 3rd graders state wide passed the math AIMS test, whereas 50 percent of 3rd graders in Gila County did. In reading, 74 percent of Arizona 3rd graders passed the reading AIMS test, while 59 percent of Gila County 3rd graders did.

⁴² For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

⁴³ A.R.S. §15-701

⁴⁴ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Figure 13: Results of the Arizona Instrument to Measure Standards (AIMS) Test, 2013

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 23 and Table 24 show a breakdown of AIMS scores by school district in the Gila Region. Although AIMS performance in the region overall is lower than overall AIMS performance for the state, the percentage of students passing both the math and reading tests varies by school district. All 3rd graders in the Young Elementary District passed both the reading and math tests, and 100 percent of Tonto Basin Elementary District 3rd graders passed the reading test. For the AIMS reading test, all other school districts had at least 60 percent of their third graders passing. There was much greater variability among districts in the math test however, with two schools falling below 50 percent passing. On aggregate, Gila County Charter schools showed over 70 percent of 3rd graders passing both the math and reading AIMS test.

Table 23: Math 3rd grade AIMS results

Local Education Agency (LEA) Name	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Globe Unified District	14%	34%	43%	9%	52%
Hayden-Winkelman Unified District	15%	40%	35%	10%	45%
Miami Unified District	10%	26%	48%	16%	64%
Payson Unified District	7%	22%	51%	20%	71%
Pine Strawberry Elementary District	29%	41%	24%	6%	29%
Ray Unified District	9%	26%	50%	15%	65%
Tonto Basin Elementary District	0%	44%	44%	11%	56%
Young Elementary District	0%	0%	0%	100%	100%
All Gila County Charter Schools	9%	20%	46%	26%	71%
Gila County (All charter and district schools)	21%	28%	38%	12%	51%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 24: Reading 3rd grade AIMS results

Local Education Agency (LEA) Name	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Globe Unified District	7%	30%	60%	3%	63%
Hayden-Winkelman Unified District	0%	40%	50%	10%	60%
Miami Unified District	3%	28%	64%	5%	69%
Payson Unified District	2%	18%	70%	10%	80%
Pine Strawberry Elementary District	12%	24%	65%	0%	65%
Ray Unified District	3%	32%	62%	3%	65%
Tonto Basin Elementary District	0%	0%	100%	0%	100%
Young Elementary District	0%	0%	33%	67%	100%
All Gila County Charter Schools	0%	26%	63%	11%	74%
Gila County (All charter and district schools)	9%	32%	54%	5%	60%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation

highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.⁴⁵

Strong disparities exist based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency, compared to 57 percent of fourth graders from high income households.

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.⁴⁶

These data reflect not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.⁴⁷ The need for strengthening the early childhood system is clear.

⁴⁵ Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

⁴⁶ Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

⁴⁷ Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-eneews-story.pdf>

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system⁴⁸ and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use⁴⁹. Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁵⁰

Center and Home-based Care

The information in the table below was provided by a key informant in the region who did a survey of child care providers in September 2013. Because this informal survey provided more current information, and information on more providers for the region it will be presented in place of Childcare Resource and Referral data provided to First Things First. Information was also aggregated to represent providers available in the northern portion of the Gila Region, as well as the southern portion for comparison purposes. A total of 25 providers were available in the region including center-based providers in Payson and Globe, family providers in Payson, Globe and Miami, Head Start services in Payson, Globe, Miami and Hayden/Winkelman, Early Head Start in Payson, Miami and Hayden/Winkelman, and school-based preschools in each of the communities listed in Table 25. The total capacity for all these providers was 700 children representing roughly one-quarter of the population of children aged birth through five in the Gila Region (2,786). In one case enrollment was known to exceed capacity. The school-based preschool program in Globe holds two classes a day, and the enrollment for that program is double its capacity.

⁴⁸ Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

⁴⁹ The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁵⁰ Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Table 25: Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTER		FAMILY PROVIDER		HEAD START		SCHOOL-BASED PRE-K		ALL PROVIDERS	
	#	Capacity	#	Capacity	#	Capacity	#	Capacity	#	Capacity
Gila Region	5	257	10	52	4	133	6	258	25	700
North Gila	4	198	2	20	1	29	3	83	10	330
Payson	4	198	2	20	1	29 ¹	1	45	8	292
Pine/Strawberry	0	-	0	-	0	-	1	20	1	20
Tonto Basin	0	-	0	-	0	-	1	18	1	18
South Gila	1	59	8	32	3	104	3	3	15	320
Globe	1	59	6	24	1	36	1	45	9	116
Miami	0	-	2	8	1	48 ²	1	60	4	116
Hayden/Winkelman	0	-	0	-	1 ³	20	1	20	2 ³	40

¹ This includes nine Early Head Start home-based slots

² 12 of these slots are for Early Head Start – eight center-based and four home-based

³ These include home-based Head Start slots (11) and home-based Early Head Start slots (9)

The Gila Regional Partnership Council has allotted funding for the development of an additional childcare/early learning center in the Globe/Miami area in their FY2014 funding plan.⁵¹

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state's academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁵² The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁵³ A number of school districts in Gila County are utilizing these funds to provide a range of programmatic and support services for young children in preschool in the region, including the Globe, Miami, Hayden-Winkelman and Payson Unified School Districts.

Quality First

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

⁵¹ Gila County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Gila%20SFY15.pdf>

⁵² Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁵³ Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.⁵⁴ Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.⁵⁵ Table 26 describes the rating scale as defined by First Things First.

Table 26: Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

⁵⁴ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

⁵⁵ The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

According to region's 2015 funding plan, as of fiscal year 2014, five centers and three home based providers participated in Quality First; there were 45 scholarship slots funded for children aged birth through five in the region; and five center-based providers and three home-based providers were served through the child care health consultation component of Quality First, available to all providers in the region, regardless if they are participating providers or not.⁵⁶ As of June 20, 2014 there were a total of 300 children (not including children with special needs) aged birth through five enrolled in care with providers participating in Quality First in the Gila Region.⁵⁷

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.⁵⁸ Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. There are four Head Start sites in the Gila region; three centers in Globe, Miami and Payson, and one home-based program in Winkelman.

Early Head Start is a similar program targeted at families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care is provided by the Early Head Start Program. There are three Early Head Start sites in the region, one in Miami, one in Payson and one in Winkelman. In Payson and Winkelman all Early Head Start services are home-based, while Miami offers both center-based and home-based Early Head Start.

All Head Start and Early Head Start centers in the region are operated by Pinal Gila Community Child Services, Inc. (PGCCS), which provides Head Start services to Gila and Pinal Counties. Data included in the PGCCS 2013 Annual Report show that the four Head Start and three Early Head

⁵⁶ Gila County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Gila%20SFY15.pdf>

⁵⁷ First Things First. Quality First Eligible Applicant Enrolled Participant Data Report, June 20, 2014. Unpublished data provided by First Things First State.

⁵⁸ <http://www.azheadstart.org/enrollment.php>

Start sites in Gila County enrolled a total of 140 children (104 children in Head Start, and 36 children in Early Head Start) in program year 2012-2013.⁵⁹

Table 27: Head Start and Early Head Start Enrollment 2012-2013

GEOGRAPHY	CHILDREN (3-5)	HEAD START		CHILDREN (0-2)	EARLY HEAD START	
		CHILDREN ENROLLED	% ENROLLED		CHILDREN ENROLLED	% ENROLLED
All Gila Region Head Start Programs	1373	104	8%	1413	36	3%
Globe Head Start	470	38	8%	512	-	-
Miami Head Start	169	36	21%	180	18	10%
Payson Head Start	558	20	4%	578	9	2%
Winkelman (home-based)	75	10	13%	57	9	16%

Pinal Gila Community Child Services, Inc. (2013). Annual Report 2013. Retrieved from http://www.pgccs.org/pdfs/2013_Annual_Report.pdf

Note: Population numbers for children ages 3-5 and children 0-2 reflect numbers for the zip code in which the center is located (e.g. 85501 for Globe, 85192 for Winkelman, etc.).

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁶⁰ The average cost of a year's tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. Table 28 shows the average cost of child care in a child care center for children of different ages in Gila County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

⁵⁹ Pinal Gila Community Child Services, Inc. Annual Report 2013. Retrieved from http://www.pgccs.org/pdfs/2013_Annual_Report.pdf

⁶⁰ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Table 28: Median cost per day of early childhood care for one child

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Gila County	Full-time	\$ 40.00	\$ 36.80	\$ 30.00
	Part-time	\$ 35.00	\$ 30.00	\$ 19.80
Arizona	Full-time	\$ 41.00	\$ 36.98	\$ 32.00
	Part-time	\$ 32.56	\$ 29.00	\$ 22.50

Arizona Department of Economic Security (2012). *Child Care Market Rate Survey 2012*. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

Note: The Child Care Market Rate Survey estimate above is a combined estimate for Gila and Pinal Counties.

Table 29 shows the average estimated cost of child care in a child care center by percent of median family income in communities with child care centers in the region, as well as in Gila County and the state. As can be seen, the average cost for full-time center-based care in the region is likely to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Because their median income tends to be lower in the Gila Region (see Table 11), the percent of income spent on childcare by the average female single parent would be even higher.

Table 29: Cost of full time child care in a child care center by percent of median family income⁶¹

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
85501 (Globe)	\$51,232.00	19%	17%	14%
85541 (Payson)	\$49,483.00	19%	18%	15%
Gila County	\$48,231.00	20%	18%	15%
Arizona	\$59,563.00	17%	15%	13%

US Census (2013). *American Community Survey 5-year estimates, 2008-2012*. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2012). *Child Care Market Rate Survey 2012*. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors

⁶¹ Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year

working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state.⁶² It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one First Things First Region. According to the region's 2015 funding plan, as of fiscal year 2014, there were six child care professionals in the Gila Region who had received TEACH scholarships to take coursework leading to an early childhood credential or degree.⁶³

Opportunities for Professional Development

Two colleges offering certification and degree programs in early childhood are located in the Gila Region; Gila Community College and the Winkelman Campus of Central Arizona College (see Table 30 below). All other available early education certificate or degree opportunities are limited to on-line course-work for residents of the Gila Region.

Table 30: Availability of certification, credentials, or degree programs

College	Locations in ...	Degree Offered
Gila Community College	Globe, Payson	Certificate: Early Childhood Education AAS: Early Childhood Education AA: Elementary Education, Secondary Education
Central Arizona College	Winkelman (Aravaipa Campus)	AAS degree or Certificate in Early Childhood Education with a focus on Family Child Care, Infant/Toddler, Management or Preschool

*Gila Community College information provided through correspondence;
http://www.centralaz.edu/Home/Academics/Degree_and_Certificate_Descriptions.htm*

⁶² Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁶³ Gila County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Santa%20Cruz%20SFY15.pdf>

According to a key informant, in June 2014, there were 31 students enrolled in the Early Childhood Education program at Gila Community College, and 18 of those 31 students had declared Early Childhood Education as their major. For the Elementary Education program, there were 20 students enrolled in that program and five of those 20 had declared Elementary Education as their major.

Other early childhood education professional development opportunities are available in the region. One is the DES Early Childhood Professional Training⁶⁴, offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. The most recent training in Gila County was held in Payson in mid-June 2014. Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities in Gila County⁶⁵. The most recent newsletter⁶⁶ listed trainings in Globe on Child Care Program Administration and in Payson on Intentional Responses.

Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁶⁷ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density.⁶⁸ There are five Primary Care Areas within the region: from north to south

⁶⁴ <https://www.yc.edu/v5content/academics/divisions/social-behavioral-organizational-sciences/des.htm>

⁶⁵ <http://www.arizonachildcare.org/providers/professional-development.html>

⁶⁶ <http://www.arizonachildcare.org/pdf/quarterly.pdf>

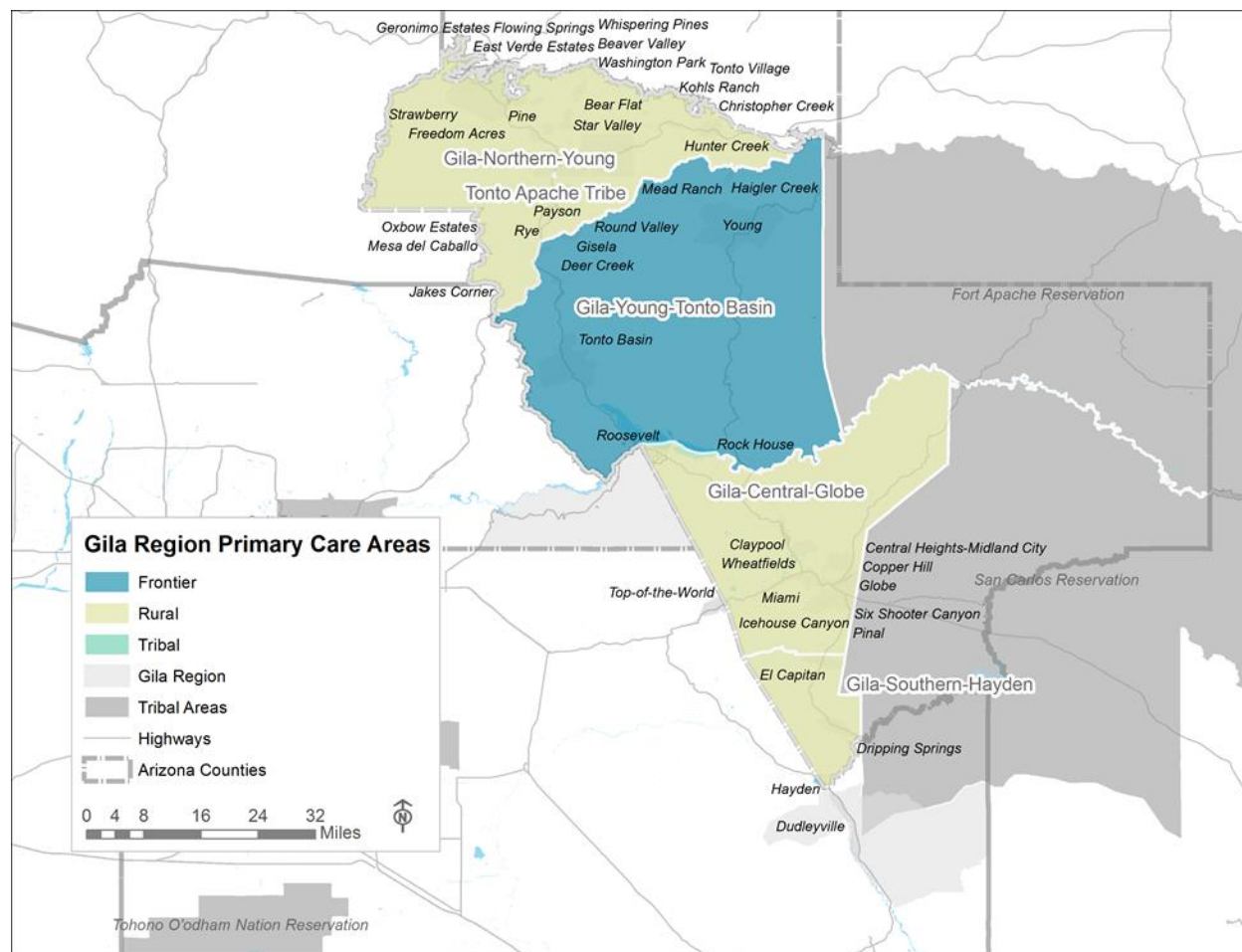
⁶⁷ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

⁶⁸ Note: Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

these are Gila-Northern-Young, Tonto Apache Tribe, Gila-Young-Tonto Basin, Gila-Central-Globe, and Gila-Southern-Hayden.⁶⁹

Figure 14 below shows a map of the region's PCAs.

Figure 14: Primary Care Areas



Source: Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from <http://www.azdhs.gov/hsd/data/data.htm>

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-

⁶⁹ Primary Care Area Statistical Profiles. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=gila>

eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona's 15 counties has some areas designated as medically underserved areas or population.⁷⁰

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on their scores, two PCA's in the Gila Region, Gila-Young-Tonto Basin and Gila-Southern-Hayden are designated as Arizona Medically Underserved Areas.⁷¹ All of Gila County is designated as a Federal Medically Underserved area,⁷² and Gila-Northern-Young, Gila-Young-Tonto Basin and Gila-Southern-Hayden are also designated as Dental Health Professional Shortage Areas.⁷³

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.⁷⁴

Figure 15 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Gila County it increases to 993:1. The Gila-Northern-Young PCA has a ratio of 698:1 while the Gila-Central-Globe ratio is higher at 906:1.

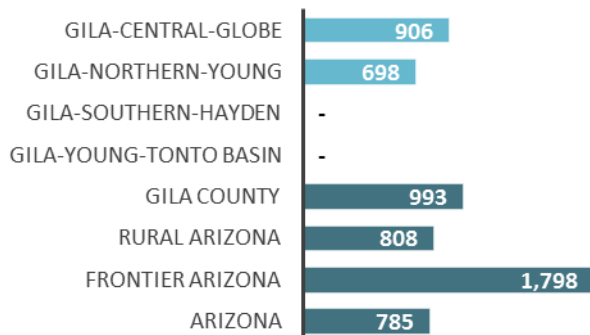
⁷⁰ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

⁷¹ <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

⁷² http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

⁷³ ADHS, Bureau of Health Systems Development, Arizona Dental HPSA Designations, 2012 <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

⁷⁴ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

Figure 15: Ratio of population to primary care providers by primary care area

Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

According to a 2012 Community Health Assessment in Gila County, access to health care services, and access to specialty medical and mental and behavioral health services are key needs in the region.⁷⁵ The health care facilities available to community members in the region are mostly centralized in the cities of Globe/Miami and Payson.

Cobre Valley Regional Medical Center (CVRMC) is a 25 bed Critical Access Hospital (CAH) located in Globe/Miami, which offers emergency and intensive care, imaging and laboratory services, surgery, rehabilitation and physical therapy, pharmacy, and obstetrics care featuring a birth center. CVRMC also has two clinics located near the hospital in Globe/Miami; a specialty clinic and a surgery clinic. CVRMC also has a health clinic in Young (CVRMC Pleasant Valley Clinic), which according to a key informant is open on Thursdays and is staffed by a visiting Physician's Assistant. Two other CVRMC clinics not located within the region, but which might be accessed by families in the region, are the Superior and Kearny clinics, which are both open five days a week.

Payson Regional Medical Center (PRMC), located in Payson, is a 44 bed facility offering emergency and intensive care services, cardiac services, rehabilitative services, laboratory services, x-ray, obstetrics, and surgical services.

Banner Health Clinic in Payson offers services in family medicine, general surgery, internal medicine and pediatrics.

Gila County also has two Federally Qualified Health Centers which offer low-cost preventive and primary care services in areas designated as medically underserved. Canyonlands Healthcare recently opened a facility in Globe staffed by a Family Nurse Practitioner. North Country Health Care also recently opened a clinic in the Payson area staffed by a physician with a specialty in

⁷⁵ Community Health Assessment for Gila County, Arizona. 2012. Retrieved from <http://www.azdhs.gov/diro/excellence/documents/assessments/gila.pdf>

Internal Medicine/Pediatrics. In addition to these Federally Qualified Health Centers, Hope Family Care in Globe is staffed by a family practice physician and provides sliding fee scale health care services.

Health services directed at young children are limited in the region; there is one pediatrician and one pediatric dentist in Globe, and two pediatricians and one pediatric dentist in Payson.

Gila County Health Services offers a number of health services at the health offices in Globe and Payson including immunizations clinics and nursing services through the Gila County Office of Health Nursing Services. Once a month, Gila County Health Services offers a free Well Baby Clinic for children up to two years of age where children are seen by a physician and assessed for proper growth and development. Gila County Health Services also holds once monthly clinics for young children to receive orthopedic, cardiac or genetic care, to limit the need for families dealing with these medical issues to travel long distances.⁷⁶

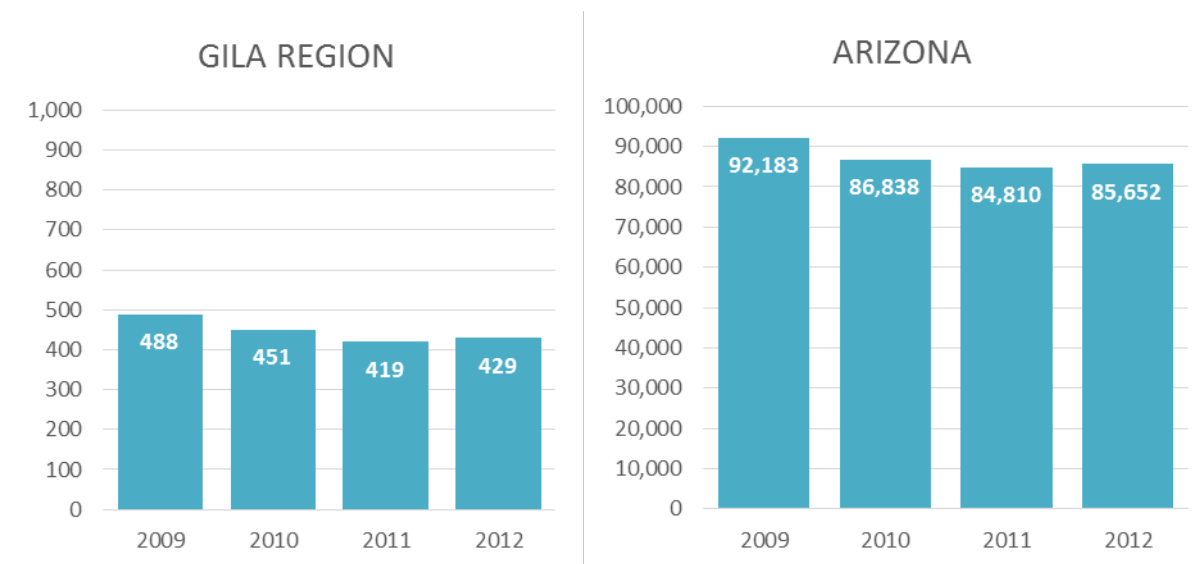
Health services of any kind are more limited in the smaller communities in the Gila Region requiring families to travel large distances, or as one key informant stated, forego regular, recommended care for their children, or wait long periods before accessing this care.

Pregnancies and Births

The population of Arizona has grown in recent years, however the number of births decreased from 2007 to 2011, with a very slight increase in 2012.⁷⁷ As can be seen in Figure 16, this overall pattern was similar to that of the Gila Region.

⁷⁶ Maternal, Infant and Child Services provided by the Gila County Health Department. 2013. Retrieved from http://www.strongfamiliesaz.com/portal/wp-content/uploads/Resource-Directory-for-Gila_9.23.pdf

⁷⁷ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Figure 16: Number of births per calendar year in the Gila Region and the state (2009-2012)

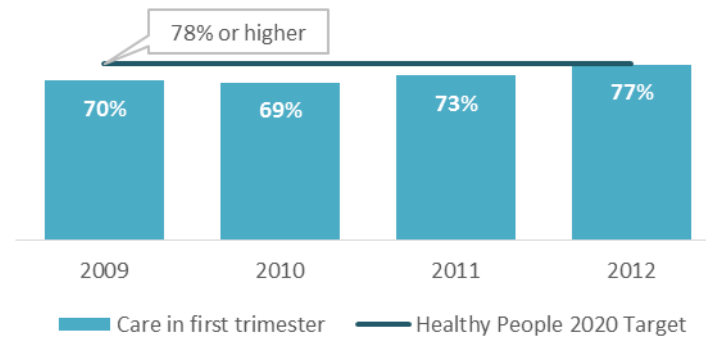
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.⁷⁸ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, seventy-nine percent of births meet this standard. The table below illustrates the need to address the percent of births with early prenatal care in the region, which fall just below the Healthy People 2020 target across multiple years. The latest year for which data is available, 2012, did show an increase to very near the Healthy People 2020 target, at 77 percent.

⁷⁸ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataToAction/pdf/rhow8.pdf>

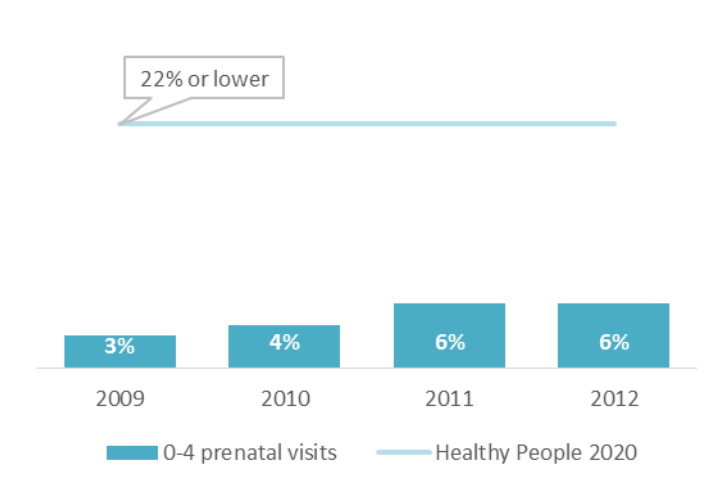
Figure 17: Average percent of births with prenatal care begun first trimester by year in the Gila Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.⁷⁹ The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Gila Region has met and exceeded these targets from 2009-2012, however there has been a slight increase in the percentage of women receiving four or fewer prenatal visits from 2010 to 2012 (see Figure 18).

Figure 18: Average percent of births with fewer than five prenatal care visits by year in the Gila Region (2009-2012)

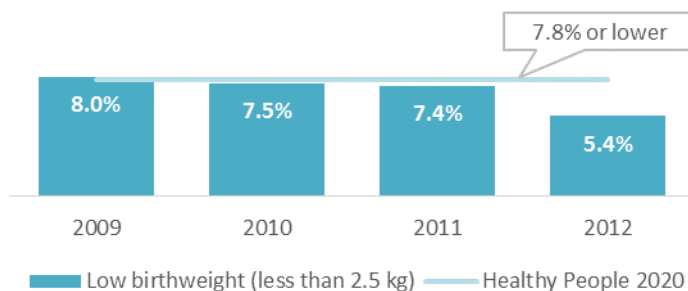


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

⁷⁹ American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects⁸⁰, as well as air pollution⁸¹. The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 19, the region has improved in this area since 2009, now exceeding the Healthy People 2020 target, with just over five percent of births with low birth weight in the region.

Figure 19: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Gila Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.⁸² In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high

⁸⁰ Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

⁸¹ Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

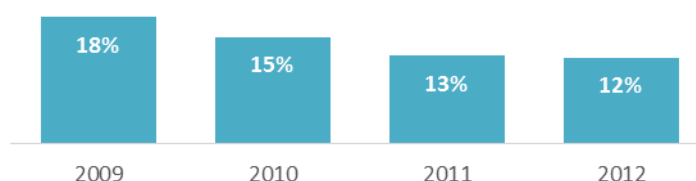
⁸² Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: <http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.⁸³

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.⁸⁴ Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Gila Region, 12 percent of births were to teen mothers (see Figure 20). The percent of births to teen mothers in the region has declined steadily since 2009.

Figure 20: Percent of Births to Teen Mothers by year in the Gila Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29 percent decline.⁸⁵ However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.⁸⁶ Reducing the rate of teen pregnancy among

⁸³ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

⁸⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. <http://thenationalcampaign.org/data/compare/1701>

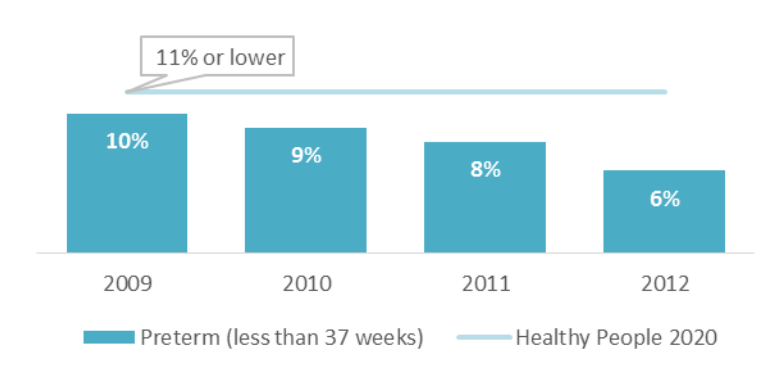
⁸⁵ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

⁸⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population⁸⁷.

Although teen pregnancy is often linked with preterm births⁸⁸, the percent of preterm births in the region falls below the Healthy People 2020 target, and has decreased steadily since 2009 (see Figure 21).

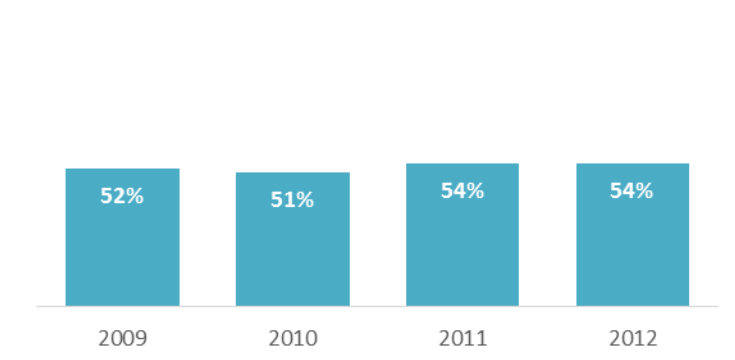
Figure 21: Percent of preterm births (under 37 weeks) in the Gila Region by year (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

More than half of the births (52%) in the Gila Region were to unmarried mothers in 2009, up slightly from 2009. This is also slightly higher than the state of Arizona, where 45 percent of births in 2012 were to unmarried mothers.

Figure 22: Births to unmarried mothers in the Gila Region by year (2009-2012)



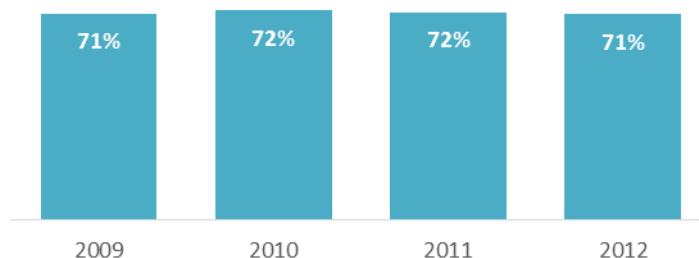
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

⁸⁷ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

⁸⁸ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

The number of births to women with AHCCCS insurance coverage has remained steady in the region in recent years, with just over 70 percent of births in the region having AHCCCS or IHS as the payee for birth expenses since 2009. This is considerably higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

Figure 23: Births covered by AHCCCS or IHS in the Gila Region by year (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The average percent of births where the mother smoked (averaged over the four years 2009-2012) in the Gila Region was 16.1 percent.⁸⁹ This is much higher than the state of Arizona as a whole in which four percent of women reported smoking during pregnancy. The Healthy People 2020 target for using tobacco during pregnancy is not to exceed 1.4 percent. That so many women reported using tobacco during pregnancy in the Gila Region indicates an area where additional prevention and educational resources are needed.

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state's children (those under 18 years of age) uninsured.⁹⁰

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing

⁸⁹ Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

⁹⁰ Mancini, T. & Alker, J. (2013). Children's Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.⁹¹ These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.⁹² However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.⁹³ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required⁹⁴, and subsidies will not be available for these separately purchased plans⁹⁵. Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 31 shows the percent of the population in the region, county, state and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (14%) is higher than the percentage of uninsured children aged birth through five in the region (9%), while both are lower than the percentages without health insurance in the state as a whole (17% and 11%). The estimated percent of the population without insurance also varies across communities in the region.

The estimated percent of the population uninsured is higher in Gila County than in the Gila Region likely due to the tribal lands in the county that are not included in the Gila Region. According to the American Community Survey (the source of data included in Table 31), an

⁹¹ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

⁹² Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

⁹³ Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

⁹⁴ Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

⁹⁵ Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

individual who indicates that his or her only coverage for health care services is through the Indian Health Service (IHS), is considered to be “uninsured”.

Table 31: Percent of population uninsured

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	2010 CENSUS POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Gila Region	48,303	14%	2,786	9%
85135 (Hayden)	630	12%	47	-
85192 (Winkelman, Dudleyville)	2,120	21%	132	-
85501 (Globe)	13,345	14%	982	17%
85539 (Miami)	4,520	16%	349	5%
85541 (Payson)	21,877	13%	1,136	3%
85544 (Pine, Strawberry)	2,949	9%	64	-
85545 (Roosevelt)	583	8%	8	-
85553 (Tonto Basin)	1,501	16%	39	-
85554 (Young)	778	5%	29	-
Gila County	53,597	18%	3,657	22%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Note: If an individual indicated that his or her only coverage for health care services is through the Indian Health Service (IHS), the American Community Survey considers this person to be “uninsured.”

Medicaid (AHCCCS) and KidsCare Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 and 200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 to 175 percent of the FPL, based on

family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.⁹⁶

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 and 200 percent of the FPL. However this leaves a gap group of up to 15,000 children in Arizona whose families cannot afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 and 200 percent of the poverty level to enroll in KidsCare.⁹⁷

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance⁹⁸.

Table 32 below shows that very few children in both the region and the state were enrolled in KidsCare in 2014.

Table 32: Children (0-17) with KidsCare coverage (2012-2014)

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Gila County	11,471	76	0.7%	262	2.3%	16	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

AHCCCS (2014). KidsCare Enrollment by County. Retrieved from

<http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>

⁹⁶ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

<http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

⁹⁷ Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media.

<https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

⁹⁸ Arizona State Health Assessment, December 2013. Arizona Department of Health Services.

<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.⁹⁹ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.¹⁰⁰

The Gila Region is the first in the state to pilot an on-line developmental screening system. The goals of this process are; 1) to normalize developmental screening so that it is looked on in the same way as immunizations, 2) to make screening universally available wherever a child first comes into contact with the early childhood system in the region, 3) to offer regular screening with screening history and results available to providers across the early childhood system, and 4) ultimately to provide developmental interventions as early as possible.¹⁰¹ The online screening tool will be implemented across the region in sites such as schools, Head Start, Gila County Health Departments programs such as WIC and Health Start, health clinics, child care settings and libraries. An additional component allows parents to access their children’s information on-line.

⁹⁹ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

¹⁰⁰ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

¹⁰¹ 2013 First Things First Summit presentation. On-line Developmental Screening. Provided through personal correspondence.

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an Individualized Family Service Plan (IFSP) that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services). The contracted AzEIP providers in the southern portion of the Gila Region are Arizona Cooperative Therapy, Easter Seals Blake Foundation, and Dynamite Therapy, while the High Country Early Intervention Program is contracted to provide AzEIP services in the northern portion of the Gila Region.¹⁰²

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses.¹⁰³ The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an IFSP, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees for those not enrolled in AHCCCS.¹⁰⁴ However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based

¹⁰² https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

¹⁰³ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2009–2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

¹⁰⁴ Arizona Department of Economic Security. (2012). Arizona Early Intervention Program Family Cost Participation Fact Sheet. Retrieved July 25th 2012 from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf

upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.¹⁰⁵

Regional AzEIP data was unavailable for the current report, however state-level data was provided. The table below shows the total, unduplicated number of children served by AzEIP from 2009 to 2012. The data provided was point in time data for each year. As can be seen in Table 33, the number of children served in Arizona by AzEIP, The Arizona Schools for the Deaf and Blind, and DDD has decreased overall from 2009 to 2012.

Table 33: Number of AzEIP eligible children served in Arizona

GEOGRAPHY	Dec 1 2009	Oct 1 2010	Oct 1 2011	Oct 1 2012
Arizona	5,372	5,301	4,850	5,100

First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request

Note: These numbers include children served in AzEIP only, Arizona Schools for the Deaf and Blind and DDD.

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth thru two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP) which works to support their development and coach family in supporting the child's development. Children aged three to six are eligible for DDD services if they are at-risk for having a developmental delay. DDD also offers support groups for families dealing with autism or Downs Syndrome or families receiving services who are Spanish-speaking only.¹⁰⁶

The number of children receiving services from DDD in the Gila Region are too small to report due to data suppression guidelines. However, in the region, the total number of children receiving services has decreased by 20 percent from 2010 to 2012, with a 55 percent decrease in the number of children between the ages of three and 5.9 years receiving services during that time. The number of visits made by DDD to provide services has also decreased from 2010

¹⁰⁵ <https://www.azdes.gov/AzEIP/Family-Cost-Participation/>

¹⁰⁶ Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

to 2012 from a high of 2,179 visits in 2010, 1,814 visits in 2011, and a low of 978 visits in 2012.¹⁰⁷

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in

Table 34, the percentage of students enrolled in special education varies across school districts in the region, with a high of 18 percent in the Payson Unified District. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

Table 34: Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Globe Unified District	4	892	146	16%
Hayden-Winkelman Unified District	4	165	<25	DS
Miami Unified District	4	681	95	14%
Payson Unified District	6	1,218	222	18%
Pine Strawberry Elementary District	2	92	<25	DS
Ray Unified District	4	291	29	10%
Tonto Basin Elementary District	2	58	<25	DS
Young Elementary District	2	30	<25	DS
All Gila County Charter Schools	2	283	25	9%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹⁰⁸ Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the

¹⁰⁷ First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

¹⁰⁸ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

2012-2013 school year.¹⁰⁹ More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.¹¹⁰ This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.¹¹¹ This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies has begun and rates of exemptions will be tracked over time to judge the success of these strategies.

Gila County is not one of the areas in the state with high rates of personal belief exemptions. In fact, within child care settings, religious and medical exemptions are rare (see Table 35), and are slightly lower in kindergarten settings (see Table 36).

Table 35: Immunization rates for children enrolled in child care (2012-2013)¹¹²

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Gila County	490	95%	96%	97%	94%	96%	97%	3%	0.4%
Arizona	84244	94%	95%	96%	94%	94%	95%	4%	0.5%

Arizona Department of Health Services (2013). *Childcare Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

¹⁰⁹ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

¹¹⁰ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

¹¹¹ Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

¹¹² Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

Table 36: Immunization rates for children enrolled in kindergarten (2012-2013)¹¹³

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Gila County	666	97%	98%	97%	98%	98%	2%	0.2%
Arizona	87909	95%	95%	95%	96%	97%	4%	0.3%

Arizona Department of Health Services (2013). Kindergarten Coverage for 2012-2013 School Year. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹¹⁴ Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."¹¹⁵ When young children experience stress and trauma, they have limited responses available to react to those experience. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹¹⁶ A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹¹⁷

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training

¹¹³ Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹¹⁴ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹¹⁵ Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹¹⁶ Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹¹⁷ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹¹⁸

Mental health support and services have been cited as an area of high need in Gila County.¹¹⁹ Programs and services specifically for young children are likely even more scarce in the region.

Enrollment in Public Behavioral Health System

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs¹²⁰: Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 25,166 enrollees in CBHS, representing 8.5 percent of those enrolled in Arizona RBHAs.¹²¹

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance.

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost five percent of all enrollees¹²² in 2012, compared to four percent in 2011¹²³. With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that

¹¹⁸ Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emoional_Development.pdf?docID=2081&AddInterest=1144

¹¹⁹ Community Health Assessment for Gila County, Arizona. 2012. Retrieved from <http://www.azdhs.gov/diro/excellence/documents/assessments/gila.pdf>

¹²⁰ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹²¹ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹²² Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹²³ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

there are a much higher proportion of young children in need of these types of services than are receiving them. In the Gila Region, families participating in the Healthy Step program have the opportunity to receive developmental screening that may identify socio-emotional issues that could benefit from early intervention.

However, the lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹²⁴ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹²⁵

Horizon Human Services is a non-profit behavioral health agency providing outpatient and residential services in Gila County with locations in Globe, Miami and Payson. Services offered include outpatient, general mental health counseling for adults and children, intensive outpatient treatment for substance abuse related issues for adults and children, outpatient psychiatric and medication monitoring services for adults and children, a substance abuse residential treatment program, transitional housing, and a domestic violence safe home.¹²⁶ Southwest Behavioral Health Services is another behavioral health agency in the region which operates programs similar to those listed above in the Globe/Miami and Payson areas. Both of these organizations also travel to smaller communities in the region to provide services.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.¹²⁷ In a statewide survey conducted by

¹²⁴ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

¹²⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹²⁶ <http://www.horizonhumanservices.org/index.asp>

¹²⁷ <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹²⁸

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.¹²⁹ Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%) and were more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.¹³⁰

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; most of Gila County is designated as such. These represent areas with a lack of dental providers, areas with geographic barriers to accessing care, and areas with large low-income populations who would be unable to afford care. Arizona needs an estimated 246 additional dental health professionals to meet the needs of Arizonans¹³¹

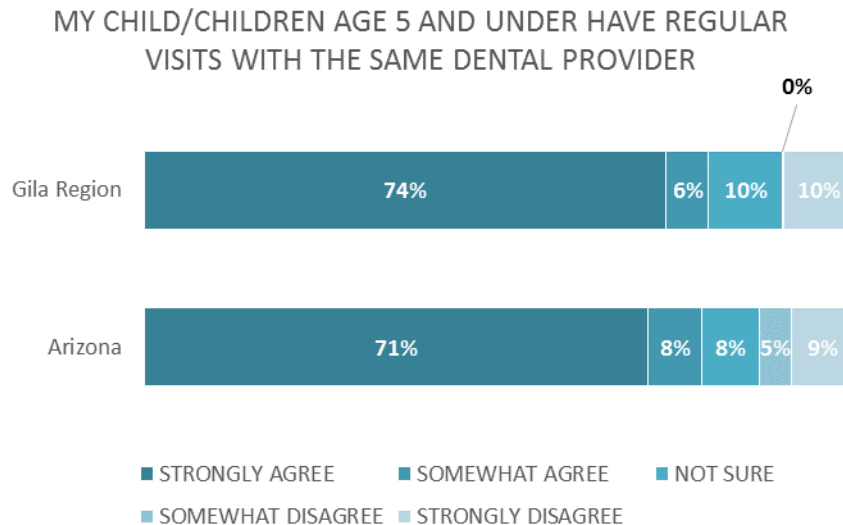
One item from the 2012 Family and Community Survey assesses whether young children have regular dental visits with the same provider. As can be seen in Figure 24, families in the Gila Region (80%) are about as likely to agree (combining strongly and somewhat agree) that they have a regular provider of dental care for their young children as families in the state as a whole (79%).

¹²⁸ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

¹²⁹ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

¹³⁰ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

¹³¹ Arizona State Health Assessment, December 2013. Arizona Department of Health Services.
<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

Figure 24: Family & Community Survey 2012: Regular dental care

First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten¹³².

A major new report revealed promising news however, a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from 13.9 percent to 8.4 percent.¹³³ While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally among two to five year olds in 2012, 3.5 percent of white children were obese, compared to 11.3 percent of black children and 16.7 percent of Hispanic children. And this is in spite of fairly similar obesity rates for children under two years old. And while 18

¹³² Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. The New England Journal of Medicine. 370 (5); 403-411.

¹³³ Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA, 2014;311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.¹³⁴

As noted above, breastfeeding can play a role in obesity prevention for babies. This also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.¹³⁵ The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity¹³⁶.

In Gila County in 2011, 11 percent of children aged birth through five years of age were obese. For children aged two to five years of age in Gila County in the same year, 15.8 percent were overweight, and 10 percent were obese. Two of these figures are lower than those for the state as a whole; 13 percent of children in the state aged birth through five years were obese, and 14.5 percent of children aged two through five were classified as obese. The percent of children aged two to five years in the state who were overweight was 15.5 percent, very similar to that Gila County's 15.8 percent.¹³⁷

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.¹³⁸ More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which (81, 47%) attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

¹³⁴ CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. *MMWR*, August 9, 2013 / 62(31);629-634

¹³⁵ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹³⁶ Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

¹³⁷ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹³⁸ Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 9% of cases, they were unable to determine preventability). Based on these reviews, the teams concluded that five percent of perinatal deaths, 49 percent of infant deaths, and 49 percent of young child deaths were preventable.

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Seven percent (56) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

The number of child fatalities has decreased overall in Gila County since 2007, although this decrease has not been consistent between the years 2007 and 2012. Of note is the increase in reported child deaths between 2011 and 2012.

See <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf> for additional details.¹³⁹

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction¹⁴⁰.

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Gila County was higher at 27/100,000.¹⁴¹ For men only, the state rate was 21.2/100,000, but 43.6/100,000 in Gila County. In Arizona in 2012, the age-adjusted mortality rate for drug-induced deaths was 16.3/100,000. This rate in Gila County was higher at 24.4/100,000. For females only, the state age-adjusted mortality rate for drug-induced deaths was 21.2/100,000, but 41.7/100,000 in Gila County, the highest of any county in the state. These elevated mortality rates suggest the need for additional substance abuse prevention and treatment resources, as well as mental health resources in the region.

¹³⁹ Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

¹⁴⁰ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

¹⁴¹

Family Support

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.¹⁴²

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.¹⁴³

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels affect children is becoming more clearly understood.¹⁴⁴ From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focusing on prevention to stop neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.¹⁴⁵ The essential

¹⁴² Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

¹⁴³ Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

¹⁴⁴ Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

¹⁴⁵ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

components of this approach include 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.¹⁴⁶ CPS is now known as the Department of Child Safety.¹⁴⁷

The Arizona Department of Economic Security (DES) provided data on the number of children removed from their homes within fiscal years 2011, 2012, and 2013 who were five years or younger at the time of removal. Table 37 shows these numbers for the Gila Region, communities within the region, the county and the state. The number of children removed between the ages of birth and five has increased from 2011 to 2013, in the region (+48%), the county (+56%) and the state (+35%). The number of removals varies by community, with increases in the number of removals in Globe and Miami, and decreases in Payson and Winkelman, Dudleyville during the same time period.

Table 37: Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Gila Region	2,786	21	43	31	+48%
85135 (Hayden)	47	0	<10	<10	DS
85192 (Winkelman, Dudleyville)	132	<10	<10	0	DS
85501 (Globe)	982	12	23	22	+83%

¹⁴⁶ http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

¹⁴⁷ <https://www.azdes.gov/landing.aspx?id=9471>

85539 (Miami)	349	<10	<10	<10	+200%
85541 (Payson)	1,136	<10	11	<10	-33%
85544 (Pine, Strawberry)	64	0	0	<10	-
85545 (Roosevelt)	8	0	0	0	-
85553 (Tonto Basin)	39	0	0	0	-
85554 (Young)	29	0	0	0	-
Gila County	3,657	20	42	31	+56%
Arizona	546,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). [Child Welfare data set]. Unpublished raw data received from the First Things First State Agency Data Request

As of June, 2014 in Gila County, there were 169 children who were involved in dependency cases in the Gila County court system, with 38 of those children under the age of four.¹⁴⁸ One resource available to these children are Court Appointed Special Advocates (CASAs) who volunteer as advocates for abused and neglected children while they are involved within the court system. In Gila County, there are currently 19 CASAs with only 15 of those CASAs taking new cases. In 2012 and 2013, less than ten children under the age of four were assigned a CASA. Not all children in dependency will be assigned a CASA because of the imbalance between the number of CASAs available and the number of children in the child welfare system in Gila County who could benefit from these resources.¹⁴⁹

Juvenile Justice Involvement by County

The Attorney General's National Task Force on Children Exposed to Violence¹⁵⁰ recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences and the ability to tolerate conflict.

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012¹⁵¹, during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Gila County 445 juveniles were referred, representing 1.3 percent of statewide referrals. In the county there were 122 juveniles detained in fiscal year 2012, just under two percent of the number of

¹⁴⁸ Data provided through personal correspondence.

¹⁴⁹ Information provided through personal correspondence.

¹⁵⁰ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁵¹ Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

juveniles detained across the state. Overall, the number of juvenile referrals and detentions has dropped in Arizona between 2010 and 2012, with an 18 percent drop in referrals and a 20 percent drop in detentions. In Gila County, this reduction was slightly lower; juvenile referrals declined by 16 percent and juvenile detentions declined by 12 percent between 2010 and 2012.¹⁵²

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.¹⁵³

A 2012 study¹⁵⁴ assessing Arizona foster parent's satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

- 1) "Include the foster parent as an essential part of the team
- 2) Provide more practical AND emotional support to foster parents
- 3) Pay attention to the needs and wants of foster parents (appointment times)
- 4) Communication training for foster parents and case managers
- 5) Ask what specific information foster parents want and include the information in trainings
- 6) Monetary support is necessary for foster parents to continue, and
- 7) Listen to foster parents' suggestions when enacting policy changes." (p. 8)

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than

¹⁵² Arizona Judicial Branch, Administrative Office of the Courts, Juvenile Justice Services Division (2013). Arizona's Juvenile Court Counts: Statewide Statistical Information FY2012, FY2011, FY2010. Retrieved from <http://www.azcourts.gov/jjsd/PublicationsReports.aspx>

¹⁵³ https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

¹⁵⁴ Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

incarcerated mothers.¹⁵⁵ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.¹⁵⁶

In Gila County, approximately four percent of youth indicated that they currently had an incarcerated parent, and 21 percent indicated that they had a parent who had previously been incarcerated. This is slightly higher than the state percentages reported above.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents¹⁵⁷. In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.¹⁵⁸

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.¹⁵⁹ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so¹⁶⁰ and the Arizona Department of Corrections states that it endeavors to support interactions

¹⁵⁵ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁵⁶ Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

¹⁵⁷ Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁵⁸ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

¹⁵⁹ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

¹⁶⁰ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

between incarcerated parents and children, as long as interactions are safe.¹⁶¹ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.¹⁶² Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁶³

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.¹⁶⁴ The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.¹⁶⁵ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.¹⁶⁶

¹⁶¹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁶² La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁶³ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

¹⁶⁴ This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

¹⁶⁵ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

¹⁶⁶ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended¹⁶⁷. In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are two domestic violence shelters in the region, which served 114 adults and 113 children in 2013.

Table 38: Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Gila County Safe Home-Horizon Human Services	92	38	54	3,039	33	4,788	134
Time Out, Inc.	135	76	59	6,137	45	2,243	1174

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf

In Gila County, a program called Childhelp operates the Childhelp Children's Mobile Advocacy Center and has taken the place of the Gila Family Advocacy Center (GFAC) which oversaw the Time Out Inc., domestic violence shelter in Payson. The center is now called Childhelp-Gila and operates through the Childhelp Mobile Unit, which is driven to Payson, from Flagstaff, so that rural families do not have to travel long distances to receive services. The Mobile Unit offers a child-friendly environment, giving victims and their families a safe place where they can start to heal and recover from abusive situations. The Childhelp-Gila staff also works closely with a multidisciplinary team (MDT) of professionals including, law enforcement, prosecution, CPS, mental health, and CASA, and two separate MDT's, one in Payson and one in Globe, meet monthly to review cases and maximize communication among agencies.¹⁶⁸

¹⁶⁷ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

¹⁶⁸ <http://www.acfan.net/centers/gila-center.htm>

Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.¹⁶⁹ Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.¹⁷⁰ Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.¹⁷¹

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.¹⁷² In Gila County, 17 percent of all residents, and 30 percent of children under 18 years of age faced food insecurity. That nearly one-third of children in the county are food-insecure would suggest that the expansion of available free breakfast and lunch programs would be a benefit to the region, particularly since 82 percent of children in Gila County were likely eligible for these programs.¹⁷³

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.¹⁷⁴ Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions.¹⁷⁵

¹⁶⁹ United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#UyDjQIVRKws>

¹⁷⁰ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

¹⁷¹ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

¹⁷² Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

¹⁷³ Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

¹⁷⁴ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

¹⁷⁵ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. As can be seen in the following table, although the level of economic disadvantage tends to be high, the number of homeless students in school districts in the region varies, with a high of 18 percent in the Payson Unified District, and several districts with zero percent of homeless students in their student population.

Table 39: Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Globe Unified District	3	892	631	71%	<10	DS
Hayden-Winkelman Unified District	3	165	128	78%	0	0%
Miami Unified District	3	681	463	68%	93	14%
Payson Unified District	4	1,218	858	70%	220	18%
Pine Strawberry Elementary District	2	92	62	67%	12	13%
Ray Unified District	3	291	164	56%	0	0%
Tonto Basin Elementary District	1	58	49	-	0	0%
Young Elementary District	1	30	24	80%	<10	DS
All Gila County Schools	21	4,297	2,436	57%	327	8%
All Arizona Schools	1888	610,079	311,879	51%	10,800	2%

Arizona Department of Education (2014). Unpublished raw data received from the First Things First State Agency Data Request

Parental Involvement

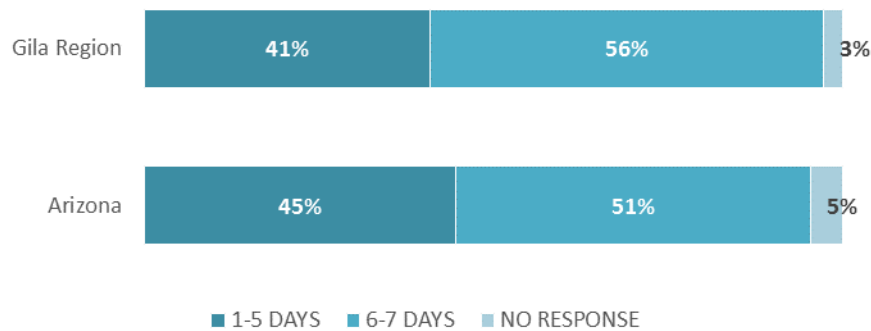
Parental involvement has been identified as a key factor in the positive growth and development of children and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.¹⁷⁶

First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Responses for all three items were similar to the state.

¹⁷⁶ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Figure 25: Family & Community Survey 2012: Days reading to child

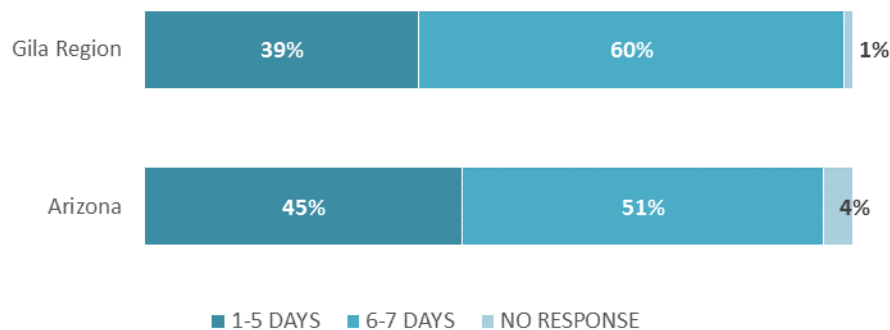
DURING THE PAST WEEK, HOW MANY DAYS DID YOU OR
OTHER FAMILY MEMBERS READ STORIES TO YOUR
CHILD/CHILDREN?



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

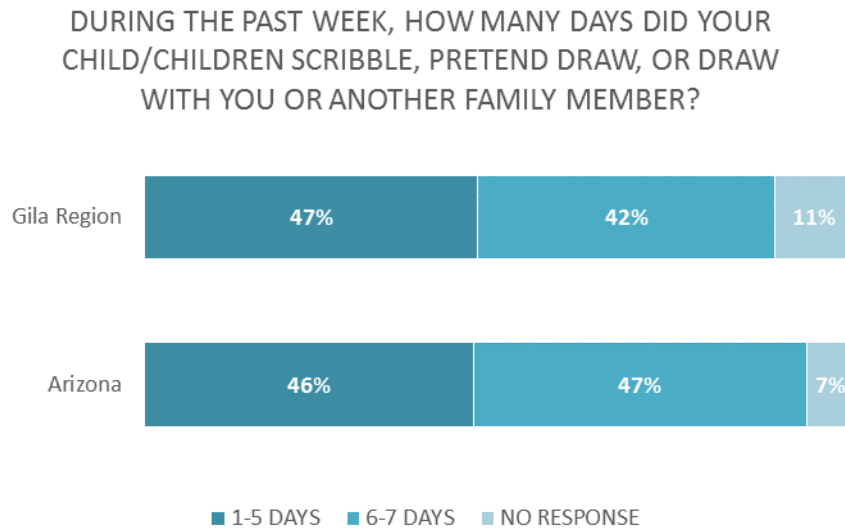
Figure 26: Family & Community Survey 2012: Days telling stories to child

DURING THE PAST WEEK, HOW MANY DAYS DID YOU OR
OTHER FAMILY MEMBERS TELL STORIES OR SING SONGS
TO YOUR CHILD/CHILDREN?



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 27: Family & Community Survey 2012: Days drawing with child



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

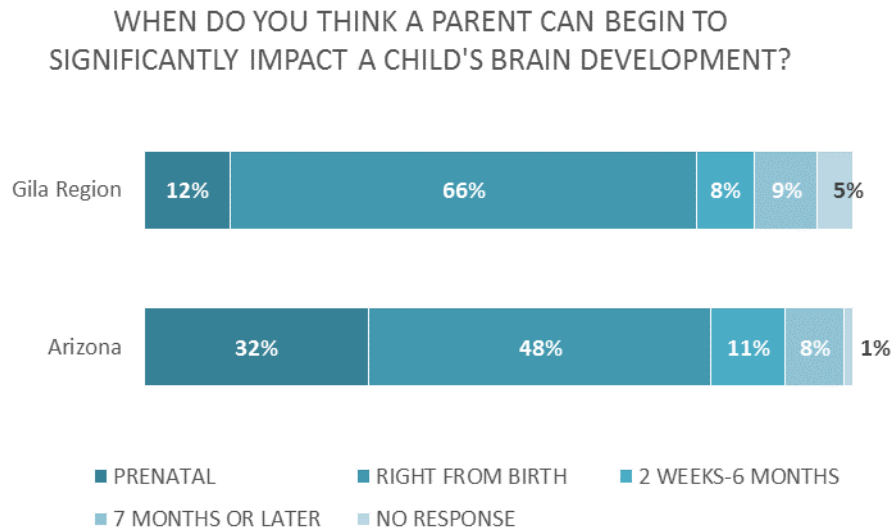
The Gila Regional Partnership Council is funding a Parent Outreach and Awareness – Early Literacy strategy to impact parent involvement. The program funded through this strategy is a partnership with the Dolly Parton Imagination Library and the Gila County Library District in which each parent who registers receives a short early literacy training, and their children then receive a quality book in the mail every month until they reach five years of age. In FY2015, the Gila Regional Partnership Council will expand the program to include sending a quality magazine to five year olds as they graduate the Dolly Parton program. As of April, 2014, 75 percent of young children eligible to participate in the Dolly Parton program in the Gila Region were participating in the program.¹⁷⁷

Parent Education

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. Fewer respondents in the Gila Region showed an understanding that brain development can be impacted prenatally (12%) than respondents across the state as a whole (32%), although responses from very early on were similar for both the region and the state (78% prenatally or right from birth for Gila Region, 80% prenatally or right from birth for the state).

¹⁷⁷ Information provided through personal correspondence.

Figure 28: Family & Community Survey 2012: When a parent can impact brain development



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

A number of parenting resources are available in the Gila Region although these are largely available to those in, or able to travel to, the population centers of the region.

- The University of Arizona's Cooperative Extension offers two resources in the region: Brain Builders for Life¹⁷⁸, a 16 hour training that educates parents about typical child development and brain development for children from birth to age three; and Early Childhood Nutrition¹⁷⁹, which offers healthy nutrition education and breastfeeding support for families with children under five years of age.
- The Arizona Children's Association offers the New Directions Institute¹⁸⁰ which provides parenting education classes and workshops based on brain development research.
- Pilot Parents of Southern Arizona¹⁸¹, provides support to parents of children with special needs through peer-to-peer support, parent education, sibling support groups, and a newsletter.
- The Gila County Division of Health Services offers injury prevention education as well as car seats and car safety information through their Injury Prevention program.¹⁸²

¹⁷⁸ <https://extension.arizona.edu/gila-brain-builders-life>

¹⁷⁹ <http://extension.arizona.edu/early-childhood-nutrition>

¹⁸⁰ <http://www.arizonaschildren.org/search-by-county>

¹⁸¹ <http://www.pilotparents.org/ppsa/>

¹⁸² http://www.strongfamiliesaz.com/portal/wp-content/uploads/Resource-Directory-for-Gila_9.23.pdf

- Teen Outreach Pregnancy Services¹⁸³ (TOPS), with an office in Globe, provides education for teens including childbirth classes, parenting classes for teen moms and dads, and teen pregnancy and parenting support.
- The Young Public School offers the Early Birds Program¹⁸⁴ which is a twice a week parent and child playgroup that incorporates tenets of the Love and Logic parent education curriculum into playtime. This program will be expanded to Tonto Basin and Hayden/Winkelman in the fall of 2014. Hayden/Winkelman will also be using the Love and Logic curriculum, while the Tonto Basin program will use Nurturing Parents.¹⁸⁵

According to region's 2015 funding plan, as of fiscal year 2014, there were 95 adults in the Gila Region who participated in the region's Parent Education Community-based Training Strategy.¹⁸⁶ Seventy-five of these were participants in TOPS pregnant and parenting teen programs, and another 20 were participants in Early Birds at the Young Public School.

Teen Parenting

Preventing teen pregnancy is a key concern for many living within Gila County as evidenced by a recent community health assessment¹⁸⁷. However, because of the number of women giving births in their teen years in the Gila Region, programs to support teen mothers and fathers as well as their young children are likely needed. Teen parents are able to participate in a number of parenting resources available in the region (discussed previously), and also educational opportunities for their children such as Head Start and Early Head Start. In addition, the TOPS program in the Gila Region specifically addresses pregnant and parenting teen education and support.

Home Visitation Programs

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies as well as young children with risk factors for child abuse or neglect, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide

¹⁸³ <http://www.teenoutreachaz.org/services>

¹⁸⁴ Program description provided through a key informant interview.

¹⁸⁵ Information provided through personal correspondence.

¹⁸⁶ Gila County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Gila%20SFY15.pdf>

¹⁸⁷ Community Health Assessment for Gila County, Arizona. 2012. Retrieved from <http://www.azdhs.gov/diro/excellence/documents/assessments/gila.pdf>

referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families.

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.¹⁸⁸

Limited home visitation resources are available in the Gila Region, are largely available only in the population centers of the region, and typically have small caseloads.

The Gila County Division of Health Services offers two programs providing home visiting support¹⁸⁹. These include:

- Healthy Steps, which offers one-on-one support from a social worker for families with children from birth to three years of age, focusing on parenting skills, developmental milestones, and providing referrals for resources. Healthy Steps program staff will also be overseeing a newborn behavioral observation center opening at the birthing center of the Cobra Valley Medical Center in mid-July, 2014; and
- Neonatal Intensive Care Program (NICP), which provides follow up care and education from a nurse for children at risk due to a stay in the neonatal intensive care unit after birth.

Head Start and Early Head Start offer home based services for pregnant women and children aged birth thru five in Payson, Globe, Miami and Hayden/Winkelman. Home-based programs take place in the home while center-based programs also include a home-visitation component.

Public Information and Awareness and System Coordination

The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community survey (FCS) (First Things First, 2012).

Data from Family and Community Survey, 2012

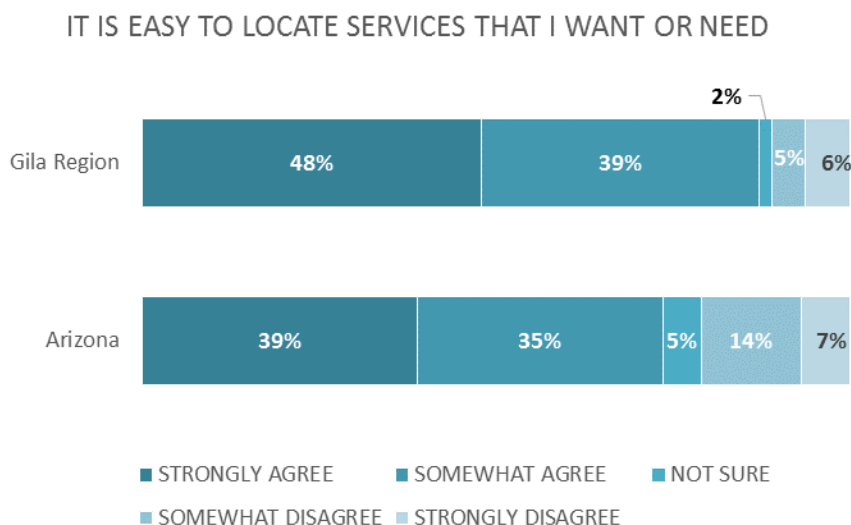
The overall results of the 2012 First Things First Family and Community Survey demonstrated higher levels of agreement with ease of locating services, and similar levels of satisfaction with available information and resources, and coordination and communication among providers in the region, compared to the state. For example:

¹⁸⁸ Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

¹⁸⁹ http://www.strongfamiliesaz.com/portal/wp-content/uploads/Resource-Directory-for-Gila_9.23.pdf

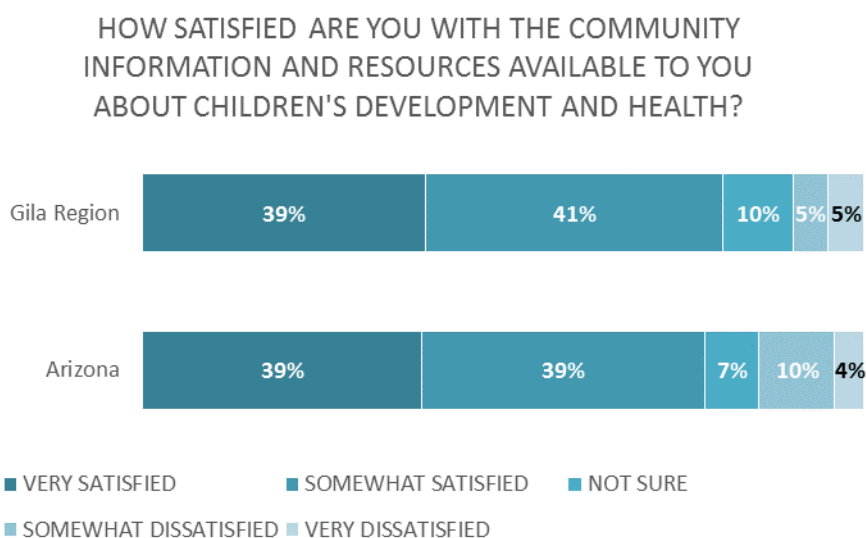
- 48 percent of Gila Region respondents strongly agreed that “it is easy to locate services that I want or need,” compared to 39 percent of respondents across the state;
- 39 percent of both Gila Region and statewide respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health”;
- 46 percent of respondents in the Gila Region, and 43 percent of respondents statewide indicated they were “somewhat” or “very satisfied” with “how care providers and government agencies work together and communicate with each other”.

Figure 29: Family & Community Survey 2012: Ease of locating services

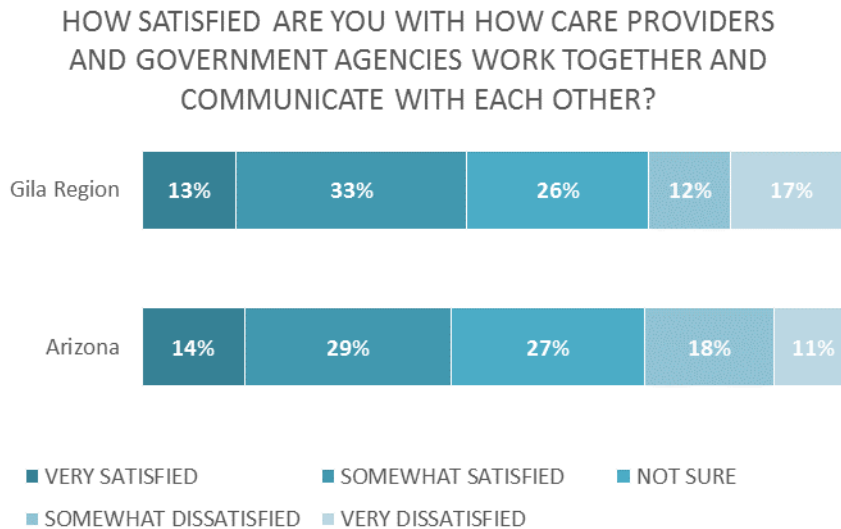


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 30: Family & Community Survey 2012: Satisfaction with information and resources



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 31: Family & Community Survey 2012: Satisfaction with coordination and communication

First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

An effort active in the Gila Region illustrating system collaboration is Read On Arizona. Read On Arizona is a statewide, public/private partnership of agencies, philanthropic organizations, and communities working to create an effective continuum of services to improve language and literacy outcomes for Arizona's young children.¹⁹⁰ The Gila Region has recently added two communities to the Read On Arizona Network, Globe/Miami and North Gila County, both of which receive technical assistance, access to research and data, and effective literacy support from Read On Arizona. Globe/Miami has gathered 58 collaborative partners, including both cities/towns, school districts, the county school superintendent, charter schools, Head Start Programs, Cobre Valley Regional Medical Center, community clinics, physicians, social service clubs, interfaith groups, United Fund, First Things First programs and behavioral health programs. Northern Gila has over 45 collaborative partners similar to those listed above, and includes the communities of Payson, Star Valley, Pine/Strawberry, Tonto Basin and Young.

The Build Initiative

The BUILD Initiative¹⁹¹ is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children's health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable

¹⁹⁰ <http://readonarizona.org/>

¹⁹¹ <http://www.buildinitiative.org/Home.aspx>

outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.¹⁹² This work to date has resulted in the Build Arizona: Strategic Blueprint¹⁹³, which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under Policy Research and Development:

- Expand access to high quality, voluntary preschool for three and four year olds;
- Assess current capacity for high quality, voluntary full day Kindergarten;
- Maintain and expand research-based home visiting programs in Arizona as a core element of a statewide early intervention program.

Under Coordination and Convening Leadership/Support:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;
- Participate in state-level partnership to enhance the screening, referral and early intervention system.

Under System Enhancement/Alignment:

- Utilizing a collective impact model, continue to assess and map system capacity, identify gaps and opportunities for alignment and leadership roles, and further strengthen the Arizona early childhood system.

FTF Capacity Building Initiative

In August 2012, FTF awarded the Alliance of Arizona Nonprofits a statewide capacity building planning grant to; 1) identify internal and external factors that hinder agencies from successfully accessing or utilizing FTF monies, 2) develop relevant, culturally appropriate, and best-practice strategies for enhancing capacities within and among these agencies, and 3) increase the number of nonprofits with the capacity to apply for, receive and implement FTF grants.

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical

¹⁹² <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

¹⁹³ <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of FTF; 2) explore the potential pathways for participating in the FTF system; and 3) identify and increase the capacities necessary for successful partnership with FTF and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, deliver the corresponding technical assistance services, and provide ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process was slated to continue through June 2014.

Summary and Conclusion

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the Gila Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

It is clear that the region has substantial strengths. We base this conclusion on the quantitative data reported here, as well as additional qualitative data gathered through key informants in the region. These strengths include: high participation in SNAP and WIC, school-based preschools and programs in smaller communities helping to provide early learning and parenting support in those communities, funding and collaborative efforts to support early learning and literacy opportunities, increasing rates of early prenatal care among pregnant women in the region, and decreasing percentages of low birth weight and pre-term births, and births to teen mothers in the region. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the population centers of Globe/Miami and Payson are more likely to have resources and opportunities for young children and their families, there are continuing needs across all areas of the Gila Region. These areas run the risk of being overlooked for services if only regional or county-level “averages” are examined. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Gila Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region.

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, the number of Head Start and Early Head Start slots compared to the number of young

children living in poverty, and insight provided by key informants, all point to a shortage of affordable and accessible early care and learning opportunities in the region. Quality First Scholarships will continue to be funded in order to address the need for affordable early childhood education, as will Quality First Coaching & Incentives to continue to improve the quality of early care and education in the region. The likely use of kith and kin care may also warrant additional support through continued or enhanced funding of the Parent Education Community-based Training Strategy of the Gila Regional Partnership Council.

- **The need for additional health resources for children**—The region being designated as a medically underserved area, and the decrease in the number of children receiving early intervention supports, points to the need for both additional general health resources for children and resources for children with developmental and physical health care needs. Early intervention can also decrease the need for special education services once children reach school age. The Gila Regional Partnership Council has recognized this need and is investing in the Care Coordination/Medical Home strategy, to support the expansion of the Healthy Steps Care Coordination strategy to connect children to appropriate, coordinated health care, and to ensure that all children receive timely developmental and social emotional screening. It may be however, that additional support and resources will be needed to increase the availability of early intervention services for children for whom they are indicated following screening.
- **A need for additional early literacy activities in the region**—AIMS passing rates in the region are lower than those in the state as a whole, and few three and four year olds are enrolled in early learning settings in the region. Providing greater opportunities for early literacy in the region will help ensure that children do not lag behind by the time they reach 3rd grade. Early literacy activities supported by the Gila Regional Partnership Council include funding through the Parent Outreach and Awareness – Early Literacy strategy and the Care Coordination/Medical Home strategy, which are helping to address this need by providing parenting supports for families and books for young children to promote early literacy activities. Support for these strategies has enabled three-quarters of young children in the region to be involved in the Dolly Parton Imagination Library program and promoted the inclusion of Globe/Miami and North Gila County as communities in the Read On Arizona Network.
- **The need for added supports for grandparents raising grandchildren** – In seven of the region’s nine areas presented in this report, there are a higher percentage of grandparents raising their grandchildren than across the state as a whole. The Parent Education Community-Based Training strategy of the Gila Regional Partnership Council can help to address the needs of these grandparents, in part. In addition, support and expansion of existing grandparent resources in cities in the region, coupled with efforts

to increase awareness of these resources, as well as available online resources, may add to the pool of support services available to these grandparents. This may include resources for children with incarcerated parents, as incarceration may be a reason why children are living with their grandparents.

A table of Gila Regional Partnership Council funded strategies for fiscal year 2015 is provided in **Appendix 3**.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region.

- **The need for additional mental health resources for children and families** – Mental health support and services being identified as a key regional need through a community health assessment, and the increasing number of young children being removed from their homes, point to the need for additional resources for children with mental and behavioral health care needs. Issues of abuse, domestic violence and substance use can impact the welfare of young children and their families dealing with these issues. The increased likelihood of children in foster care being prescribed psychotropic medications, and the reported lack of educated and certified mental health professionals skilled in trauma-based therapy working with young children support the need for additional mental health and behavioral resources for children in the Gila Region.
- **Fewer services and resources available in smaller, more rural communities** – Quantitative data and key informant input suggest a lower level of services and resources in smaller communities including, health care, early education and family support. Schools within these communities are often the hub for resources and could be utilized to further support accessibility to resources. Collaborations between schools, libraries, Gila First Things First, Read On Arizona and the Dolly Parton Imagination Library have increased access to early literacy resources and parental supports in these smaller communities. These could be bolstered to include visiting health care professionals for well-child checks, early intervention programs for vision and hearing screenings, or other regional programs to provide additional parenting supports. Because the staff at these schools are often over-burdened, these collaborations may need to be spearheaded by outside organizations, but could be maximized by support and communication from school officials once collaborations are in place.
- **The high number of women smoking during pregnancy** – The percentage of births to mothers who report smoking in the region far exceeds that of the state. Collaborations between early childhood professionals, home visitation providers, health professionals and the county health department could increase the amount of information and education available to expectant mothers or women of child-bearing age on the dangers

that smoking can pose to their children, as well as provide supports to those wishing to quit smoking.

- **The high drug-induced mortality rates for women** – Economic hardship and related stress may be impacting substance use in the region, all of which affect the health and development of young children. Collaborating with available treatment resources and facilities to provide information to families through a variety of early childhood program and service venues, and to support AHCCCS enrollment to make these services more accessible to families in need may be a worthwhile effort to undertake.

Successfully addressing the needs outlined in this report will require the continued concentrated effort and collaboration among First Things First and other state agencies, the Gila Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Gila Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Gila Region.

Appendix 1. Table of Regional Assets

First Things First Gila Regional Assets

The region is comprised of many close-knit, supportive communities.

The investment in expansion of child care settings, and availability of child care scholarships to address the barrier of affordability for some families.

The availability of parenting supports and resources in a number of settings, provided by a number of providers.

The increasing percentage of early prenatal care among pregnant women in the region.

The decreasing percentages of low birth weight and preterm births in the region.

The decreasing percentages of births to teen mothers in the region.

Ongoing efforts to support global and frequent developmental screening of young children and accessibility of screening records for providers and parents.

Three quarters of young children eligible for the Dolly Parton Imagination Library are participating in the program, increasing access to early literacy resources in the region.

Two regional communities participating in the Read On Arizona Network show strong collaborative efforts and plan to implement literacy activities and supports throughout the region.

Appendix 2. Table of Regional Challenges

First Things First Gila Regional Challenges

The projected increase in births in Gila County over the next decade will likely lead to an increased demand for services and resources for young children and their families in the coming years.

Seven of nine areas in the region have a higher percentage of young children living with grandparents than the state.

A high percentage of young children in the region are living in poverty.

Only 16 percent of three and four year olds in the region are estimated to be enrolled in nursery school, preschool or kindergarten.

Only one-quarter of children aged birth through five years of age are served by licensed or certified child care in the region.

There is low availability of Head Start and Early Head Start slots in comparison to the percentage of young children living in poverty in the region.

There have been substantial increases in the number of young children removed from their homes in the region.

There is a need for increased access to mental and behavioral health and specialty medical care for young children in the region.

The high rates of smoking during pregnancy in the region.

High alcohol-induced and drug-induced mortality rates support the need for additional substance abuse treatment and resources in the region.

Appendix 3. Table of Regional Strategies, FY 2015

Gila Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Quality First, Arizona's voluntary Quality Improvement and Rating System, is designed to strengthen our state's early care and educational programs by establishing a standard for quality care, helping providers meet that standard and sharing information with the community.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs while helping low-income families afford a better educational beginning for their children.
Professional Development	TEACH Scholarship	Provides scholarships for higher education and credentialing to early care and education teachers. This program improves the professional skills of those providing care and education to children 5 and younger.
Family Support	Community Based Parent Education – Pregnant and Parenting Teens	Parent Education Community Based Training for Pregnant and Parenting Teens and Young adults prepares pregnant and parenting teens through voluntary classes in community-based settings to raise Healthy Children. The program is designed to also provide case management and limited home visits with the emphasis on increasing healthy pregnancy, good birth outcomes and parenting skills for adolescent and young adult mothers and fathers.
	Community Based Parent Education – Rural Schools	Center based parent education/play-based programs for parents, grandparents and kith and kin providers and their infants through preschool aged children. Included in this strategy is the EARLYBIRD CENTER, in Young Public School. This program uses Creative Curriculum and Love and Logic and serves the majority of families in the Young area. The early childhood program's focus is on parent, caregiver, and grandparent parenting and teaches them to become their child's first best teacher, while preparing the child socially and academically for entering kindergarten. Similar programs are opening in the Tonto Basin Public School and Hayden/Winkelman Elementary School in August 2014. Tonto Basin will use similar curriculum to the program in Young. The Hayden/Winkelman Elementary program "Ready Set Go!" will use the evidenced based Nurturing Parents program.

Gila Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
	Parent Outreach and Awareness	Provides education and training for families on language and literacy development of their young children. Helps parents support their young child's love of words and books by providing a free book monthly by mail for children Birth through Four in partnership with the Dolly Parton Imagination Library. An average of 1,800 children receive books monthly (75% of eligible children) from birth until they turn five. In FY2015, children that are aging out of the program at their fifth birthday will receive a one year subscription to Lady Bug Magazine to continue the impacts of receiving reading materials on a monthly basis until the child ages out of the First Things First age range.
Health / Mental Health	Care Coordination – Healthy Steps	Provides children and their families with effective case management and connects them to appropriate, coordinated health care. It also promotes development of parenting skills, physical and social development, literacy, health and nutrition. The program uses the Ages and Stages On-Line Enterprise Developmental Screening including Parent Access to ensure that all children receive timely developmental and social emotional screening. The Gila County Healthy Steps Program serves as the leader in implementing a region-wide developmental screening process that will allow children to receive timely screenings from their first contact with the early childhood system.
	Child Care Health Consultation	Provides child care centers, child care homes and other early childhood programs support to promote the health of their children by providing health and safety consultation to teachers and caregivers.
Coordination	Coordination	This is an unfunded Strategy – but numerous coordination and collaboration efforts have been implemented under the direction of the Regional Council including becoming Read On Communities, Developmental Screening Collaborative, STEM Workgroup, Inspiration Work Group (Early Care and Education expansion) and Healthy Communities Efforts.

Appendix 4. Data Sources

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Gila Regional Partnership Council

2014

Needs and Assets Report

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